CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS:

C P Fowler 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

DR-HETTA 2139 Pennsylvania Ave Died 2/7/43

G 00822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 43-80822 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1103 Argyle ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) — 17

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Argyle ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sallie Johnson.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-22-1896

8. AGE: Years 47 | Months — | Days 16 | If less than one day hr. min.

9. Birthplace Sussex County Va
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name William T Hall.
13. Birthplace Va.

MOTHER 14. Maiden Name Lizzie Peters.
15. Birthplace Va.

16 (a) Informant Ralph Hall
(b) Address 1103 Argyle ave

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 2-9-43 (month) (day) (year)
(c) Cemetery or crematory Stony Creek Va
Location Sussex County Va

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave.

19 (a) [illegible] (b) Washington Hill Boothyn Md

FEB 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1943 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1943 to 2/7 1943 and that I last saw h[illegible] alive on 2/6 1943.

Immediate cause of death Lobar Pneumonia

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben Hetta M. D.
Address 2134 Pennsylvania Ave Date signed

VS 3

G 00823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital D.O.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural - Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Acton Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Arens

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7387

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/14/[illegible]

8. AGE: Years	Months	Days	If less than one day
53	6	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Howard Drug Co.

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Emma Maurer
(b) Address 3116 Acton Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Balto. Cem.
Location Balto, Md
18 (a) Funeral director Wm. J. Grundtner
(b) Address 2007 Orleans St
Filed FEB 9 1943 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5 1943, at 11:55 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 7/8/43.

VS 6

G 00824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 00824

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3429 Lorenton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) 59 -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3429 Lorenton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sylvia M Robinson
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex Female
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife John Robinson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 17 1883
8. AGE: Years 59 Months 1 Days 9 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Dorothy Knox
15. Birthplace

16 (a) Informant Mrs John Fischer
(b) Address 901 S Eaton St
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 9/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co Md
18 (a) Funeral director Wm J Sumwalt Home
(b) Address 2008 Orleans St
19 (a) Date received by Registrar FEB 8 1943 (b) Registrar Wilmington, Millington, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8/43 19 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 19 43 to Feb 8 1943 and that I last saw h alive on Feb 8 19 43.

Immediate cause of death Acute Cardiac Dilatation — Duration 1 day

Due to Cardiac hypertrophy with Arteriosclerosis — Duration 2 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. V. Cliff M.D.
Address 5010 Greenleaf Rd Date signed 2-9-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

429499

G 00825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 00825 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Talbot
(c) City or town Easton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Janet Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Roland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-7-87

8. AGE: Years	Months	Days	If less than one day
55	2	-	hr. min.

9. Birthplace Pa
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Nesbitt
13. Birthplace Pa.

MOTHER
14. Maiden Name Clara Petterman
15. Birthplace Pa.

16 (a) Informant Reporter
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Entombment (b) Date thereof Feb. 9-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore Md

18 (a) Funeral director Chas E. Franck
(b) Address 852 Madison Ave

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1943 at 11.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1943 to Feb 7 1943 and that I last saw h alive on Feb 7 1943.

Immediate cause of death Heart Failure

Due to Hypertensive cardiovascular disease

Due to Coronary arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Enrique J. Ribera Fernandez M.D.
Address Johns Hopkins Hospital Date signed 2-7-43

VS 180

G 00826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

836

G 00826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 129 S. Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 S. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Stepney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Thomas Stepney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1905

8. AGE: Years	Months	Days	If less than one day
38	-	20	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name William Houston
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Lottie Brown
15. Birthplace Baltimore Md

16 (a) Informant Cornelius Stepney
(b) Address 129 S Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt [illegible]
Location

18 (a) Funeral director Miss Katie R Williams
(b) Address 322 N Edmondson Ave

FEB 8 - 1943 (b) Interior Baltimore Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1943. at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1943. to Feb 6 1943. and that I last saw h- alive on Feb 6 1943.

Immediate cause of death	Duration
Bronchopneumonia	10 days
Due to Cerebral Hemorrhage Right Hemiplegia	9 days
Due to Nephritis chronic	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot L Lafont M.D.
Address 822 N Bond St Date signed 2/7/43

VS 3

G 00827 ✓ G 00827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N. Bruce St., 93 W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 How long in U. S. If of foreign birth? yrs. mos. da. 16 3

2. FULL NAME Frank D. Brown

(a) Residence: No. 709 Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 11, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va

FATHER

13. NAME John T. Brown

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Alice Palmer

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

17. INFORMANT Alice Quarles

(Address) 709 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Feb 8 1943

19. UNDERTAKER Mrs Katie R. Williams

[redacted] Pennsylvania Ave.

20. FILED [redacted] Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1942 to Feb 3 1943

I last saw him alive on Feb 3 1943 Death is said to have occurred on the date stated above, at 4 [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward A Morgan M. D.

(Address) 1216 W Lanvale St

V. S. 51 OCCUPATION is very important. See instructions on back of certificate. Exact statement

G 00828 — BALTIMORE CITY HEALTH DEPARTMENT — G 00828

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If any item cannot be obtained, the reason for omission should be stated. Accuracy in age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Eutaw Place (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME ABRAM S. SAMUELS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Rose Samuels

6 (c) If [illegible] Sept. 27-1875 Sept. 27, 1875

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 67 | Months 5 | Days 7

If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business Practicing Lawyer

FATHER
12. Name Samuel Samuels
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Bornheimer
15. Birthplace Germany

16 (a) Informant Mrs. Rose Samuels
(b) Address 1928 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Chevra Shalom
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 702 Eutaw Place

FEB 8 1943
(Date rec'd by Registrar) Clayton Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1943 at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1942 to Feb. 7 1943 and that I last saw him alive on Feb. 7 1943

Immediate cause of death: Acute Coronary Occlusion (Thrombosis) — Duration: Immediate

Due to (or as a consequence of): Cardiac Decompensation with Pulmonary Edema — Duration: 1 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry S. Hoffman, M.D.
Address Mercy Hosp. Date signed 2/7/43
Coron.

Surgeon

G 00829

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00829

CERTIFICATE OF DEATH 170 C Registered No.

G 00829

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Madison Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Mary P. Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/95

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace La Platte, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur Garner
13. Birthplace La Platte, Md.

MOTHER
14. Maiden Name Mariah Thomas
15. Birthplace La Platte, Md

16 (a) Informant Mary Thomas (wife)
(b) Address 1104 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St.

19 (a) FEB 8 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1943, at 5-20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Duration
7

Immediate cause of death Rupture of liver

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 6 1943 at ? M
(c) Where did injury occur? ? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? ?
(e) Means of injury Fell off truck
23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed Feb. 7th 1943

VS 6

G 00830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 00830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3232 Preestman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 6 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3232 Preestman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Elizabeth Taylor

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	NONE	F	W	Widow

6 (b) Name of husband or wife Daniel Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 2 1875

8. AGE: Years	Months	Days	If less than one day
68	1	4	hr. min.

9. Birthplace Main Somerset Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Knox Polk
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Benton
15. Birthplace Md.

16 (a) Informant Mrs. Robert Madden
(b) Address Marion, Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 9/43 (month) (day) (year)
(c) Cemetery or crematory ST. PAULS CEM.
Location MARION MD.

18 (a) Funeral director John Bradshaw
(b) Address CRISFIELD MD.

19 (a) FEB 8 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1943, at 7 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 7 1943

VS 6

G 00831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N Registered No. G 00831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline st.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 152 N. MILTON AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: JOHN STAAB.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: JENNIE STAAB.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): APR. 24 1880

8. AGE: Years: 62 Months: 9 Days: 13 If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: RETIRED STREET CAR
11. Industry or business: CON. UNITED R.R.

FATHER
12. Name: PHILLIP STAAB
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: JENNIE CROWLEY
15. Birthplace: BALTO. MD.

16 (a) Informant: ANTHONY J. STAAB (SON)
(b) Address: 152 N. MILTON AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB. 12/43 (month) (day) (year)
(c) Cemetery or crematory: HOLY CROSS
Location: HARFORD ROAD

18 (a) Funeral director: Lilhomedi Center INC
(b) Address: 403 [illegible] Wolfe Street, Balto, Md

19 (a) FEB 8 - 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2 — 8 1943, at 5:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1943, to 2-8 1943, and that I last saw him alive on 2-8 1943.

	Duration
Immediate cause of death: Arterio-Sclerosis heart disease with congestive heart failure	
Due to: Arteriosclerosis	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: William H. Fursting, M.D.
Address: St. Joseph's Hosp. Date signed: 2-9-43

VS 8

G 00832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F3B

G 00832

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 535 N. Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 535 N. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John L. Paulus

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife Theresa Paulus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1867

8. AGE: Years	Months	Days	If less than one day
75	11	5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Railroad man
11. Industry or business

FATHER
12. Name John Paulus
13. Birthplace Germany

MOTHER
14. Maiden Name Otilla (unknown)
15. Birthplace Germany

16 (a) Informant George Paulus
(b) Address 3817 Edmondson Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md
18 (a) Funeral director Dunward D. Byington
(b) Address 21 W. 25th St.
19. FEB 8 1943 (Date rec'd by Registrar) (Signature of Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1943 at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 19 42 to Feb 6 19 43 and that I last saw him alive on Feb 6 19 43.

Immediate cause of death Bronchopneumonia — Duration 2 wks
Due to — 1 day
Due to —
Other Conditions Cerebral Thrombosis — 1 day

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 20 30 Wilkens Ave Date signed Feb 8 1943

VS 3

4295 15 G 00833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45 f G 00833 Registered No.

PRINT IN WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)
(d) Street No. Henretta Ave & Hollis Neck Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Groth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife AUGUSTA D. KONIG

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-67

8. AGE: Years	Months	Days	If less than one day
75	1	26	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Groth
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Peterson
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) Filed 2-10-1943 (b) Signature of local registrar Huntington Williams M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1943, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1943 to Feb 7 1943, and that I last saw him alive on Feb 7 1943.

Immediate cause of death: Carcinoma of Tonsil
Cardiac Failure
Due to
Due to
Other Conditions

Duration: 6 days 24 hrs.

(Include pregnancy within 3 months of death) If
Date of operation 2/6/43 Section 5-9 N.
Major findings of operation: Section 5-9 N. for removal of tumor
of autopsy: Obtained but report not received

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anthony Thomas Ward Jr. M.D.
Address Johns Hopkins Hosp. Date signed 2/7/43

00834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. G 00834

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Bank Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Bank Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Justyna C. Gorna

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jacob Gorny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 77 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Jaronczyk
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Stanislawa Zukowski, Daughter
(b) Address 2106 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location German Hill Road

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

FEB 8 - 1943

(Signature) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1943 8.50PM

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 4 1942 to Feb 6, 1943, and that I last saw h[illegible] alive on Feb 5, 1943.

Immediate cause of death: Bronchial Pneumonia — Duration

Due to: Terminal

Due to:

Other Conditions: arterio-sclerosis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Kruger M. D.
Address 2617 Eastern Ave Date signed 2/8/43.

G 00835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 G 00835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Avenue
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Bolton St. (If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3 (a) FULL NAME Mollie Bosley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife -------

6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) -------- 1853

8. AGE: Years 90 | Months --- | Days --- | If less than one day -- hr. --- min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER
12. Name John Bosley of Wm.
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachel Harryman Cole
15. Birthplace Maryland

16 (a) Informant Harryman G. Bosley
(b) Address Geneva Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Sherwood Cemetery
Location Cockeysville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) FEB 8 - 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1943, at M

21. I certify that death occurred on the date above stated, that I attended deceased from 1928 19 .. to 2-6 1943 and that I last saw her alive on 2-6 1943.

Immediate cause of death CEREBRAL ARTERIOSCLEROSIS — Duration 10 YRS.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John G. Young M. D.
Address 1129 St. Paul St. Date signed 2-8-43

VS 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

G 00836 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4910 Crowson Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 71 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4910 Crowson Avenue
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME William F. Reed

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) July 9, 1871

8. AGE: Years	Months	Days	If less than one day
71	6	25	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Benjamin Franklin Reed
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Wilkens
15. Birthplace Maryland

16 (a) Informant Mrs. Walter D. Hackney
(b) Address 4910 Crowson Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) FEB 8 - 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1943. at 11:[illegible] A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Feb 5 1943, and that I last saw h[illegible] alive on Feb 6 1943.

Immediate cause of death
Chronic Interstitial Nephritis — Duration 3 yrs
Due to Unknown
Due to ---
Other Conditions ---

(Include pregnancy within 3 months of death)
Date of operation ---
Major findings of operations ---
of autopsy: ---

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ---
(b) Date of occurrence --- at --- M
(c) Where did injury occur? --- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? --- (Specify type of place) While at work? ---
(e) Means of injury ---

23. Signature Wm Conrad Bode M. D.
Address 1900 Maryland Ave Date signed 2-7-43

VS 150

00837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 G 00837 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Univ. Hospital
(b) Street address 658 Lower St
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto N
(If outside city or corporate limits, write RURAL and give town)
(d) Street No. 658 Lower St N
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruby Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Black	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1, 1943

8. AGE: Years	Months	Days	If less than one day
			18 hrs. min.

9. Birthplace Baltimore Md (town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Charles Jenkins
13. Birthplace South Car.

MOTHER
14. Maiden Name Lola Martin
15. Birthplace South Car.

16 (a) Informant Charles Jenkins
(b) Address 658 Lower St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL FEB 8 1943 Commissioner of Health

18 (a) Funeral director
(b) FEB 8 1943 Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Feb 1 1943 and that I last saw h alive on Feb 1 1943

Immediate cause of death Atelectasis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Intracranial hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Jones, M.D.
Address 1 Monument St Date signed 2/4/43

VS 180

9802

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ENTRIES MUST BE TYPED, WITH UNFADING INK. Any error or omission should be carefully supplied.

C 00838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 b

Registered No. C 00838

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 5th
(d) Length of stay in hospital or inst. (yrs., mos., or days) 147 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 E. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Waters 76439

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1895

8. AGE: Years	Months	Days	If less than one day
?48			hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Theodore Waters
13. Birthplace ?

MOTHER
14. Maiden Name Margie Monroe
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 8 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 FEB 8 1943 (b) [illegible] for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1943 ; at 3:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 1942 to Jan. 25 1943, and that I last saw him alive on Jan. 25 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 1½ yrs?

Due to

Due to

Other Conditions
Tbc. laryngitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S. Hart M.D.
Address Balto City Hosp. Date signed Feb 3

VS 150

9801

0839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b Registered No. 00839

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 da. 31
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Clay 78170

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1900

8. AGE: Years	Months	Days	If less than one day
42	8	6	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Clay
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Davis
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 8 1943

18 (a) Funeral director Commissioner of Health
(b) Address FEB 8 1943 Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1943, at 1:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1942, to Jan. 15 1943, and that I last saw h im alive on Jan. 15 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 7 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh Hatch
Address Baltimore Hospitals Date signed 2/8/43

VS 150

9800

G 00840

AB-78123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 al

Registered No. G 00840

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 8Da
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7129 W. Hamburg St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Hatton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed er

6 (b) Name of husband or wife Sarah (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1-1864

8. AGE: Years	Months	Days	If less than one day
78	5	26 27	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Hatton (D)
13. Birthplace England

MOTHER
14. Maiden Name Mary Ann Red. (D)
15. Birthplace Scotland

16 (a) Informant Baltimore City Hospitals
(b) Address Records.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/1942 (month) (day) (year)
(c) Cemetery Harmony Grove Cem. Woodlawn
Location Henry Kessing's Son
FEB 8 1943
Abel Wolman Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 8 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1943 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 1942, to 1-28 1943, and that I last saw h alive on 1-28 1943.

Immediate cause of death Cardiac Failure
Due to Arteriosclerosis
Heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Pernicious Hypertension Chronic Pulmonary
of autopsy:

Duration 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr. M. D.
Address Balto City Hosp. Date signed 1-29-43

VS 150

9799

G 00841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 G 00811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 Beechdale Rd
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 27 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Beechdale (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No) If yes, name country

3 (a) FULL NAME Laura Jane Taylor

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Jane-Died
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Jan-6-1858
8. AGE: Years 85 Months 1 Days 1 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

MOTHER / FATHER
12. Name Edw. John Taylor
13. Birthplace Balto Md.
14. Maiden Name Ann Eliza Aitcheson
15. Birthplace Brooklyn NY

16 (a) Informant Mrs Laura V. Thomas (Friend)
(b) Address 109 Beechdale Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-9-43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore
18 (a) Funeral director Sherwood Manns Co.
(b) Address 108 W Mosher Ave.
19 (a) (Date rec'd by Local Registrar) (b) Huntington Williams M.D. (Signature of Local Registrar)

FEB 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943 to Feb 7 1943, and that I last saw her alive on Feb 7 1943.

Immediate cause of death: Bronchio Pneumonia — Duration 2 days
Due to: Senile Arterio-Sclerosis — 2
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operations: —
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibson Porter, M. D.
Address 4822 Roland Ave Date signed 2/9/43

G-00812 — G 00812 Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 1917 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Della (Isabella) Dennis

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-12-8225

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Joseph Dennis 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 9, 1874

8. AGE: Years	Months	Days	If less than one day
68	10	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business None

MOTHER / FATHER
12. Name Father — William H. Kearney
13. Birthplace Baltimore, Md.
14. Maiden Name Mother — Hannah K. Mulvaney
15. Birthplace Baltimore Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (month) (day) (year)
(c) Cemetery or crematory Western Location Baltimore
18 (a) Funeral director Frederick A. Pole
(b) Address 1200 W. Lombard St.
19 (a) (Date received) FEB 8 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1943, at 5 55/79 M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1943, to 2-2 1943, and that I last saw her alive on 2-2 1943.

Immediate cause of death	Duration
(a) Carcinoma of breast	
Due to (b) Calcification of liquid & soft Patches	9 mo.
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Haase M. D.
Address Balto. City Hosp. Date signed 2-5-43

PRESS WELL DOWN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 00843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

✓ G 00843 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5601 Park Heights Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Wesley Anstine

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Agnes Norris Anstine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1866

8. AGE: Years	Months	Days	If less than one day
76	6	11	hr. min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name G. Wesley Anstine
13. Birthplace Penna.

MOTHER
14. Maiden Name Katherine A. Elder
15. Birthplace Penna.

16 (a) Informant Mrs. Mary C. Taylor
(b) Address 5601 Park Heights Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43. (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

FEB 8 - 1943 (Date rec'd by Registrar) (b) Huntington Wilson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1942 to Feb 7 1943.
and that I last saw h[illegible] alive on Feb 5 1943.

Immediate cause of death — Duration
Cardio-Renal disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Futterman M.D.
Address 2324 Reisterstown Rd. Date signed 2/8/43

G 00814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 00814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution: Shriners Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna J Sullivan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Timothy J Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1882

8. AGE: Years	Months	Days	If less than one day
60	3	21/30	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Cullen
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Sweeney
15. Birthplace Ireland

16 (a) Informant Mrs J J Sullivan
(b) Address 1608 N Poplar Grove

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Joseph Farley
(b) Address Fulton & Fayette

FEB 8 1943 (b) Registrar
(Date rec'd by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6th 1943, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942, to Feb 6 1943, and that I last saw h[illegible] alive on Feb 6 1943.

	Duration
Immediate cause of death Acute Cardiac Dilatation	3 days
Due to Cerebral Carcinoma (Secondary)	1 yr
Due to Breast Carcinoma (Primary)	2½ yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael A Abrams M. D.
Address 2360 Eutaw Place Date signed 2/8/43

FORMS WHITE PEARL, WITH UNFADING INK. Every item of information should be carefully supplied. Any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00845

BALTIMORE CITY HEALTH DEPARTMENT G 00845

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 Hampden St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret L. Carney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2. 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace TEXAS - Maryland.
(Town, county, and state)

10. Usual Occupation Housekeeper.

11. Industry or business

FATHER
12. Name Thomas Carney
13. Birthplace Ireland.

MOTHER
14. Maiden Name Anne Murray
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret McCarey
(b) Address 2729 Hampden St.

17 (a) Burial (Burial, cremation, or Removal) (b) Date thereof 2-9-43 (month) (day) (year)

(c) Cemetery or crematory St Joseph's
Location Texas Md.

18 (a) Funeral director George A. Fraley
(b) Address Fulton & Fayette

FEB 8 - 1943

Filed by Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1943. at 5:37 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943. to Feb 6 1943. and that I last saw h[illegible] alive on Feb 6 1943.

Immediate cause of death Cerebral Vascular Disease

Duration 1 hour

Due to

Due to

Other Conditions Hypertrophic Arthritis

(Including pregnancy within 3 months of death)

Date of operation None.

Major findings of operation:

of autopsy:

Duration 8 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Matthew M Cox

Address Mercy Hospital Date signed 2-6-43

VS 150

TEXAS WHITE PRINTING, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 ✓ Registered No. G 00846

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 N. Gay Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Gay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua Erdman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/9/1878

8. AGE: Years	Months	Days	If less than one day
64 yrs	11	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name John Henry Erdman
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Elizabeth Hunter
15. Birthplace Baltimore, Md.

16 (a) Informant Howard Erdman (Brother)
(b) Address 2106 Ashland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road, Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

FEB 9 - 1943 (Date rec'd by registrar) Harrington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1943, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943, to Feb 7 1943 and that I last saw him alive on Feb 6 1943

Immediate cause of death — Duration

Acute dilatation of heart — 2 days
Due to Mitral Regurgitation — Indefinite
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Campbell M.D.
Address 1644 Hanover Date signed 2/9/43

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00817

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information should be checked or fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Frances Pearce Stewart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July-5-1895

8. AGE: Years 47 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Lynchburg Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Newton L Stewart
13. Birthplace Virginia

MOTHER
14. Maiden Name Ida Callahan
15. Birthplace Virginia

16 (a) Informant Whitten Funeral Home
(b) Address Lynchburg, Va.

17 (a) 2-10-43 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location Lynchburg Va.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2434 E. Oliver St.

19 (a) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2, 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1943. to Feb. 2 1943. and that I last saw him alive on Feb. 2 1943.

Immediate cause of death Uremia — Duration ?

Due to ?

Due to

Other Conditions Focus of duodenum; prob. cirrhosis of liver (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Seigman M. D.
Address University Hosp. Date signed 2/2/43

VS 280

G 00818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. G 00818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 West Rogers Ave
(c) Hospital or institution Home for the Aged M.E Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 West Rogers
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sedgewick K Fowler

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26-1855

8. AGE: Years 87 | Months 4 | Days 12 | If less than one day hr. min. 1855

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James H. Fowler
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth Fry
15. Birthplace Maryland

16 (a) Informant M. O. Coates Asst Supt
(b) Address 2211 West Rogers

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Dieffenbach Cook & Inc
(b) Address 817 St Paul St

19 FEB 9 - 1943 (b) Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7th 1943, at 10:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to Feb 7 1943, and that I last saw h alive on Feb 7 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Arteriosclerosis — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J Bames M.D.
Address 800 W 33rd Date signed 2-8-43

VS 180

G 00819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 V 0 G 00819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 [redacted] (If rural give location)
(e) Citizen of foreign country? N.D. (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Anastasia Veronica Fellers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife William W
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4-1879

8. AGE: Years	Months	Days	If less than one day
63	3	4	hr. min.

9. Birthplace Norwalk Conn. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John L. Kelly
13. Birthplace Conn

MOTHER
14. Maiden Name Margaret Kelly
15. Birthplace Weston Conn

16 (a) Informant Miss Elizabeth Marsden Hall
(b) Address 3022 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director Wilkinson Book Inc
(b) Address 2407 N. Paul St

19 (a) [redacted] (Date rec'd by registrar) (b) Huntington White Registrar

FEB 3 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1943, to Feb 8 1943, and that I last saw her alive on Feb 8 1943.

	Duration
Immediate cause of death: Intestinal Obstruction	10 days
Due to: Strangulated Femoral Hernia, right	10 days
Due to:	
Other Conditions: Localized peritonitis, left abdominal cutting (Include pregnancy within 3 months of death)	
Date of operation Feb 2 1943	
Major findings of operation: Intestinal obstruction; Strangulated Femoral; Localized peritonitis	
Findings of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William E. Gilmore M. D.
Address 1619 Park Ave. Date signed Feb 8 1943

VS 3

G 00850

BALTIMORE CITY HEALTH DEPARTMENT 83a

CERTIFICATE OF DEATH

Registered No. G 00850

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Emmons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Arthur O. Emmons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19th 1886

8. AGE: Years	Months	Days	If less than one day
56	11	17	hr. min.

9. Birthplace W. Va.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or Business at Home

FATHER
12. Name George Wm Hamilton Moore
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mary Lee Shoku
15. Birthplace Md.

16 (a) Informant Arthur Emmons
(b) Address 1621 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

19 FEB 9 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1943 at 12:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1943 to Feb. 6 1943, and that I last saw h[illegible] alive on Feb. 6 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M.D.
Address St. Joseph's Hosp. Date signed 2-8-43

VS 3

G 00851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1194 Registered No. G 00851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2120 Pennsylvania Ave
(c) Hospital or institution:
Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Dorothea Van Blarcom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1943

8. AGE: Years	Months	Days	If less than one day
	1	2	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mr. Stephen Van Blarcom
13. Birthplace

MOTHER
14. Maiden Name Maria Dorothy Sifers
15. Birthplace Balto. Md.

16 (a) Informant Parents
(b) Address 2120 Pennsylvania Ave.

17 (a) Burial (b) Date thereof 2/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director J. B. Stephens Son
(b) Address 300 Eutaw Place

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6/1943 to 2/8/1943 and that I last saw h[illegible] alive on 2/8/1943

Immediate cause of death Dehydration;

Duration

Due to Premature Infantism

Due to

Other Conditions Pulmonary Congestion

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Dehydration · Pulmonary Congestion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos. F. Muse M. D.
Address Bon Secours Hosp. Date signed 2/8/43

G 00852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G 00852

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2551 Mc Henry St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2551 Mc Henry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles L. Eckert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary A. Eckert
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 6th 1874

8. AGE: Years	Months	Days	If less than one day
69	11	1	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Eckert
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Carl L. Eckert
(b) Address 2551 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director J. B. Hoffman-Hess
(b) Address 300 E. Lanvale Ave

19 (a) 2/9/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1943, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1943 to Feb 7 1943 and that I last saw h[illegible] alive on Feb 4 1943

Immediate cause of death — Duration

Arterio Sclerosis - Hypertension

Due to Myocarditis

Due to

Other Conditions Chronic Nephritis 1 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward A. Carter M.D.
Address 2145 W Balto St Date signed 2/8/43

VS 180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

Registered No. G 00853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2635 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Pangman

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Henry (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1891

8. AGE: Years	Months	Days	If less than one day
51	5 7	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Warfield
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Curtain
15. Birthplace Baltimore

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director J. B. Stansbury Sons
(b) Address 300 Eastern Ave

19 (a) 2/9/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7-43 19 , to 2-7 1943, and that I last saw her alive on 2-7 1943.

Immediate cause of death Generalized Carcinomatosis — Duration

Due to Ca uterus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel, Sr. M. D.
Address Baltimore City Hosp. Date signed 2-7-43

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 00854

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 1543 Montpelier Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE THOMAS CRUM

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lena Arndt

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1876

8. AGE: Years 66 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)

10. Usual Occupation ENGINEER

11. Industry or business

FATHER
12. Name Isaac Levi Crum
13. Birthplace Frederick County, Md.

MOTHER
14. Maiden Name Sophia Hahn,
15. Birthplace Frederick County, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore - Md.

18 (a) Funeral director J. R. Stephenson
(b) Address 500 Eutaw Place

19 (a) 2/9/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1943 at 6:10p M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5, 1943 to Feb. 6, 1943 and that I last saw him alive on Feb. 6, 1943

Immediate cause of death: Bronchopneumonia, bilateral — Duration Unk.

Due to Pernicious anemia — 15 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

As above

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature [signature]

Address US Marine Hospital, Baltimore, Maryland. Date signed 2/8/43

VS 180

12712

Please write plainly in UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

312 ✓ G 00855 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 S Collins Ave
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 S. Collins Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Charles Henry Siehler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cate E. Siehler

6 (c) If alive, give age 65 yrs 7 mos

7. Birth date of deceased (mo., day, yr.) 11/11/1876

8. AGE: Years 66 | Months 11 | Days 9 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Retired Furniture Dealer

11. Industry or business

FATHER 12. Name Jacob H. Siehler

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Ft. of Germany

16 (a) Informant Mrs. C. Siehler

(b) Address Lutherville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)

(c) Cemetery or crematory London Park Cemetery

Location Baltimore Md

18 (a) Funeral director J. B. Whitelaw Sons

(b) Address 800 Linden Place

19 (a) 2/9/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1943, at 10:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943, to 2/6 1943 and that I last saw h[illegible] alive on 2/6 1943

Duration
Immediate cause of death: Massive Pulmonary Embolism	2 Days
Due to	
Due to	
Other Conditions: Arteriosclerotic Hypertensive Cardio-Vascular Renal dis (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation

of autopsy: SAME

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krieg M.D.

Address Bon Secours Hosp Date signed 2/6/43

Coron

VS 2

G 00856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. G 00856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2509 Morgan St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and the town)
(d) Street No. 2509 Morgan St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ann Stopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband Alex. Stopkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 / 22 / 1869

8. AGE: Years 73 74 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Richmond, Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm T. Johnson

13. Birthplace Va

MOTHER 14. Maiden name Emily Lewis

15. Birthplace Va

16 (a) Informant Bessie Tibbett

(b) Address 2509 Morgan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 1014 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 9 - 1943 Huntingtown Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1943, 12:30 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/25 1943 to 2/6 1943 and that I last saw him alive on 2/5 1943

Immediate cause of death: Apoplexy

Duration: 3 days

Due to: Cerebral Hypertension

Duration: 2 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature Hart Lewis

Address 450 W. Biddle St Date signed 2/8/43

Form.—5-15-39—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00857 ✓ G 00857

CERTIFICATE OF DEATH

46 B

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 323 N. Carey ST. N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Basil Wilson

(a) RESIDENCE NO. 323 N Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Wilson

6 DATE OF BIRTH (month, day, and year) June 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sister John Wesley

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md.

PARENTS

10 NAME OF FATHER Charles Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Hannah Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Ida Campbell

(Address) 323 N. Carey

15 Filed FEB 9 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5 1943

17 I HEREBY CERTIFY, That I attended deceased from January 26 1943 to Feb 5 1943

that I last saw h... alive on February 5 1943

and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Gastric)

2 mos?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Asthenia Setenoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical-

(Signed) W. N. Wright M. D.

2/6 1943 (Address) 1209 Arlington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. auburn

DATE OF BURIAL 2-9 1943

UNDERTAKER James A. Hayes

ADDRESS 142 Wolfe St

IMPORTANT. See instructions on back of certificate.

G 00858

AB-78642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 00858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Days 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 E. Gittings St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Collins (Birth FL 5480)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16-1942

8. AGE: Years	Months	Days	If less than one day
---	1	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation (Nurse visits a found child to town)
11. Industry or business born dead in County

FATHER
12. Name Charles Collins
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Bateman
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records Ham

17 (a) Cremated (b) Date thereof 1-22-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 (a) FEB 9 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1943 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1942 to 1-19 1943 and that I last saw h ~~alive~~ alive on 1-19 1943

Immediate cause of death Anuresma
Tubular pneumonia - 48 hours
Due to
Aspiration ?
Due to
Spleen empyema
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Same

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Mayer M. D.
Address Balt City Hospitals Date signed 2-2-43

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 188

G 00859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

149a

Registered No. G 00859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 310 S. Lehigh St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Buchholtz

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-6658

4. Sex F.

5. Color or race Wh.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years 24 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Nunzio Raimondo
13. Birthplace Italy

MOTHER
14. Maiden Name Domenica Cammarata
15. Birthplace Italy

16 (a) Informant William Buchholtz
(b) Address 310 S. Lehigh Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Road

18 (a) Funeral director Joseph Farace Inc
(b) Address 2013 Greenmount Ave

19 (a) FEB 9 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1943 at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943 to Feb 6 1943 and that I last saw alive on Feb 6 1943.

Immediate cause of death Ruptured Uterus — Duration

Due to

Due to

Other Conditions Pregnancy Contracted Pelvis (Include pregnancy within 3 months of death)

Date of operation Feb 6, 1943

Major findings of operation: Rupt. Uterus Contract. Pelvis. Breech

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address University Hospital Date signed 2/16/43

VS 180

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

G 00860 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 Pennsylvania Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Watts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Harford A'R'Co. Md' (Town, county, and state)
10. Usual Occupation Laborer'
11. Industry or business

FATHER
12. Name Earnest' Watts
13. Birthplace Charles Co' Md'

MOTHER
14. Maiden Name Carrie Lee
15. Birthplace Charles Co' Md'

16 (a) Informant Earnest' Watts
(b) Address Harford A'R Co' Md'

17 (a) Burial' (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary.
Location A'R Co' Md'

18 (a) Funeral director Chas H Slaughter
(b) Address 927 N Mount St

19 (a) FEB 9 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1943 at 4.40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Rheumatic cardio vascular disease.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwight B. McNally M.D. Medical Examiner.
Date signed 2/7/43.

VS 6

G 00861 ✓ G 00861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2839 Erdman Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2839 Erdman Ave (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Mary Wolf

3 (b) If veteran, name war —
3 (c) Social Security Account No. ←

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan 8th 1864

8. AGE: Years	Months	Days	If less than one day
79	-	5	_____ hr. _____ min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation _____
11. Industry or business _____

FATHER
12. Name Henry Eches
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Godrey
(b) Address 2839 Erdman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9th 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Dayton Ave

18 (a) Funeral director Leo G. Cook
(b) Address 1201-03 N. Patt Park Ave

19 (a) _____ (b) Huntington Hill Registrar
FEB 9 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6th 1943, at 2.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20- 1943, to 2-5- 1943 and that I last saw her alive on 2-5- 1943.

Immediate cause of death Chronic Valvular heart disease — Duration 2 years

Due to _____

Due to _____

Other Conditions _____
(Include pregnancy within 3 months of death)

Date of operation _____
Major findings of operation: _____
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Milton A Lang M. D.
Address 2117 Belair Rd Date signed 2-9-43

interment (age ?)

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00862

CERTIFICATE OF DEATH 83a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2639 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2639 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME CLARA E. BRAMBLE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	widow

6 (b) Name of husband or wife Bazilla Bramble
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 13, 1856

8. AGE: Years	Months	Days	If less than one day
86	6	24	..... hr. ..... min.

9. Birthplace Dorchester Co., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name James Langrall
13. Birthplace Md.

MOTHER
14. Maiden Name - Stewart
15. Birthplace Md.

16 (a) Informant Mr. McNamee Bramble
(b) Address 400 Bretton Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) FEB 9 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1943. to Feb. 7, 1943. and that I last saw him alive on Feb. 7, 1943.

Immediate cause of death	Duration
Bronchio-Pneumonia	1 days
Cerebral Hemorrhage	2 days
Due to Hypertension	Years ?
Due to ✓	
Other Conditions ✓	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature Frank H. Ogden M. D.
Address 2701 N. Calvert. Date signed Feb 8, 43

VS 8

410473

G 00863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 00863

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Harrisburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 North Front St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maude R. Smith (Maud Alice Smith)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-29-01

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	8	9		

9. Birthplace Ottawa Canada
Cumberland, Ontario, Canada (State)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Kennedy (James Kennedy)
13. Birthplace Canada

MOTHER
14. Maiden Name Jane Fraser
15. Birthplace Canada

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) FEB 9 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943 at 9:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943 to Feb 8 1943 and that I last saw her alive on Feb 8 1943

Immediate cause of death: Coronary occlusion of heart b) Chronic endocarditis 6 Years
Duration
Due to: a) Rheumatic Rule Rheumatism (Married)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laura L. Lippeatt
Address John Hopkins Hospital Date signed Feb 9-43

VS 150

G 00864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00864 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Belair Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Belair Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Gallery, Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-2152

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Elizabeth Gallery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-1882

8. AGE: Years	Months	Days	If less than one day
60	5	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Rectifier
11. Industry or business Wholesale Distilling

FATHER
12. Name John W. Gallery, Sr
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Mary Ann Lindsay
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Elizabeth Gallery
(b) Address 2015 Belair Rd.

17 (a) Burial (b) Date thereof 2-10-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Wm J. Tarbert & Son Inc
(b) Address North & Penna Ave

19 (a) FEB 9 - 1943 Huntington Williams
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1943, 9:25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry, find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Coronary Thrombosis

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. Tuttle, M.D.
Medical Examiner.
Date signed 2/7/43.

VS 6

G 00865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

162 V

G 00865 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Field St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Field St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eli K. Leitner. Sr.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Phebe A. Leitner
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1861

8. AGE: Years	Months	Days	If less than one day
81	2	6	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business City Forester.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown:

16 (a) Informant Phebe A. Leitner.
(b) Address 703 Field St.

17 (a) Burial (b) Date thereof Feb 11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodland
Location

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave, Hamilton, Md

19 (a) (Date rec'd by registrar) (b) Huntington Wallace Registrar

FEB 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1943 at 1 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943 to Feb 9 1943, and that I last saw him alive on Feb 9 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury

23. Signature [signature]
Address 723 St Paul St Date signed 2-9-43 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Ex. Baker
1935 Popular Mount St

G 00866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

Registered No. G 00866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Clifton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Clifton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Boyd F. Entler.

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-09-6920

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Rose A. Entler
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1884

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	5	23		

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Rose A. Entler
(b) Address 2914 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Road.

18 (a) Funeral director Ehrnauth & Sonnan
(b) Address 3615-17 Chestnut Ave

19 Filed FEB 9 - 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1943, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1943 to Feb 7 1943, and that I last saw him alive on Feb 6 1943

Immediate cause of death: Coronary thrombosis

Due to

Due to

Other Conditions Acute colitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

25. Signature Emyth A. Baker
Address 830 Poplar St Date signed 2/9/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 00857

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2938 Kinchester Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2938 Kinchester Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Anna Elizabeth Arthur

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Clarence R. Arthur
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) — 1865
8. AGE: Years 77 | Months — | Days — | If less than one day hr. min.
9. Birthplace Baltimore, Md. (town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name — Hoffman
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Clarence R. Arthur
(b) Address 2938 Kinchester St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.
18 (a) Funeral director Rozan F. Burgee
(b) Address 1631 Falls Road
19 (a) FEB 9 1943 (Date received by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943 to 2/7 1943 and that I last saw h[illegible] alive on 2/6 1943.

Immediate cause of death: Cerebral hemorrhage — Duration 2 days
Due to: Arteriosclerotic cardiovascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore E Stacy
Address 3803 Edmondson Date signed 2/8/43 M. D.

VS 180

The cause of death, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. G 00868

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Ken Oak Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Ken Oak Road (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Irene Barton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James A. Barton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 27-1860

8. AGE: Years 82 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md (town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Albert G. Eichelberger
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Snyder
15. Birthplace Maryland

16 (a) Informant Miss Lola Price-Barton
(b) Address 2500 Ken Oak Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9-1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Rozace E. Burgee
(b) Address 3631 Falls Road

19 FEB 9 1943 (b) Huntington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7- 1943 at 6A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1932 to Feb 7 1943, and that I last saw him alive on Feb 6 1943.

Immediate cause of death
Myocardial Failure.
Due to
Due to Arteriosclerotic Cardiac disease

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

Duration
11 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature [illegible] M. D.
Address 3429 Chestnut St. Date signed 2/12/43

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INDELIBLE PENCIL, WITH UNFADING INK.

G 00869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 N. 37th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 N. 37th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Agnes Bankert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Adam P. Bankert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26. 1850

8. AGE: Years 92 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Westminster, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Frank Burgoon
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Lynch
15. Birthplace Maryland

16 (a) Informant Miss Catherine P. Bankert
(b) Address 1105 N. 37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10. 1943 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Westminster, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

FEB 9 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7. 1943, at 10-15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942, to Feb 7 1943, and that I last saw h[illegible] alive on Feb 7 1943.

Immediate cause of death Cardiac Decompensation
Arteriosclerotic CVD — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Laurence J. Kleinwachter, M.D.
Address 3718 Dalrd Rd Date signed 2-8-43

Registrar

VS 188

G 008:0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No. G 008:0

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 Montpelier St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 55yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Montpelier St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John William Mumford

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-14-3122

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Georgianna Mumford
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70.	5	16		

9. Birthplace Wicomico Co Md (Town, county, and state)
10. Usual Occupation Captain
11. Industry or business Merchant Marine

FATHER
12. Name William J. T. Mumford.
13. Birthplace Md

MOTHER
14. Maiden Name Louisa Insley
15. Birthplace Md

16 (a) Informant Georgianna Mumford.
(b) Address 1707 Montpelier St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11 1943 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Howard Co. Md.

18 (a) Funeral director Mrs. Mrs. John H. Tenfelde Sons
(b) Address 811 N. Fayette St.

19 (a) FEB 9 1943 (Date received) (b) Registrar

VS 5

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1/43 to 2/8/43, and that I last saw him alive on 2/7/43.

Immediate cause of death: Coronary Occlusion — Duration 1 hr.
Due to Arteriosclerosis
Due to
Other Conditions Hypostatic Pneumonia — 1 wk.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Kerpmann
Address 1710 E 33rd Date signed 2/8/43

G 00871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123 ✓ Registered No. G 00871

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2854 Harford Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME John W. Teufel TEUFEL

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Alvina Teufel
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) July 27 1864

8. AGE: Years	Months	Days	If less than one day
78	6 mos	11	— hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Mortician
11. Industry or business Funeral director

FATHER
12. Name John Teufel
13. Birthplace Germany

MOTHER
14. Maiden Name Olga Wich
15. Birthplace Germany

16 (a) Informant Alvina Teufel
(b) Address 2854 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10-43 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location City

18 (a) Funeral director John J. Bowanko
(b) Address 901 Hollins

FEB 9 - 1943
19 (a) (Date rec'd by Registrar) (b) Huntington Wallace M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1943, to Feb. 8 1943, and that I last saw him alive on Feb. 7 1943.

Immediate cause of death Hypostatic Pneumonia — Duration
Due to Dysentericulosis
Due to Fistulae between Bowel & urinary Bladder
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury Thos. H. Phillips

23. Signature 1939 Edmondson Ave
Address Date signed

VS 180

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00872

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93 N

G 00872 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 N. Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 N. Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna Conway Johnson

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife John H Johnson
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 22 1902

8. AGE: Years	Months	Days	If less than one day
39	5	14	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Pinkard
13. Birthplace Virginia

MOTHER
14. Maiden Name Hannah Hawkins
15. Birthplace Maryland

16 (a) Informant John H. Johnson
(b) Address 1128 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 11 / 43 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Preston

19 (a) (Signature of Registrar) (b) Registrar

MEDICAL CERTIFICATION 35

20. DATE OF DEATH Feb. 6 1943, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Chronic myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 7 1943.

VS 4

G 00873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 00873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Kingsley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Grahl

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Otto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1855

8. AGE: Years	Months	Days	If less than one day
87	11	23	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Kempf
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Hugo Grahl
(b) Address 1028 Pine Hgts. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director J. Vernon Keehner
(b) Address 2301 E. Monument Ave

19 (a) ELDS (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1943, at 11:15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death: Lobar Pneumonia — Duration
Due to
Due to
Other Conditions: Fracture, Femur, Right.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 1 at — M
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House While at work? No
(Specify type of place)
(e) Means of injury Fell out of bed

23. Signature Hugh B. Maclay M.D.
Medical Examiner
Date signed 2/8/43.

VS 4

G 00874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 00874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Rutland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Zimmerman

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1862

8. AGE: Years 80 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Zimmerman
13. Birthplace Pa.

MOTHER
14. Maiden Name Virginia ~~Lefever~~ Lefever
15. Birthplace Md.

16 (a) Informant Mrs. Elsie Welsh
(b) Address 1802 Rutland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) FEB 10 1943 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7/43 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1925 to Feb. 7 1943, and that I last saw h[illegible] alive on Feb 6 1943

Immediate cause of death: Bronchopneumonia — Duration 1 days

Due to Catarrhal infection, arteriosclerosis — [illegible] years

Due to senile changes, interstitial nephritis — [illegible] years

Other Conditions Chronic bronchitis & frequent diarrheas.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmond Bruner M.D.

Address 1125 Mountain Ave Date signed Feb 8/43

VS 8

original

G 00875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 G 00875 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 590 N. Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 590 N. Gay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruby Ely

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/1/42

8. AGE: Years	Months	Days	If less than one day
—	3	7	— hr. — min.

9. Birthplace Balt. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Eli John Ely
13. Birthplace Chicago Ill

MOTHER
14. Maiden Name Helen Rostow
15. Birthplace New York N.Y.

16 (a) Informant John Ely
(b) Address 590 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Harford Rd.

18 (a) Funeral director George J. Pfeltz Jr.
(b) Address 1735 Harford Ave

19 (a) (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943, at 11 4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an the autopsy & the question thereon and from the evidence (Autopsy or inquiry)
obtained by said the autopsy & the question and that said deceased came (Autopsy or inquiry)
to her death on the day stated above.

Immediate cause of death Suffocation — Duration
due to bed clothes
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 8 1943 at 10 A M
(c) Where did injury occur? 590 N. Gay St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Suffocated in crib.

23. Signature Hugh B. McNally M.D.
Date signed Feb 8 1943 (Official Position or Title) for Robert H. Graham M.D.

VS 6

G 00876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00876 Registered No.

PRINTING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Same.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1331 N. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Glendora Geraldine Hinton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Baby

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	7		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Hinton
13. Birthplace Raleigh N. Carolina

MOTHER
14. Maiden Name Helen Parker
15. Birthplace Balto. Md.

16 (a) Informant Helen Hinton
(b) Address 1331 Calhoun St.

17 (a) Burial (b) Date thereof Feb 8 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Cemetery
Location

18. (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1943 at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1943 to Feb 5 1943, and that I last saw h[illegible] alive on Feb 5 1943.

Immediate cause of death
Stillborn

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B M Halstead
Address 1115 Pa Ave Date signed 2/11/43

AB-79369 C 00877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 31a C 00877 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 S. Stockton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Agnes Rhem

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. - 1918

8. AGE: Years	Months	Days	If less than one day
25	4	?	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Walter Rhem
13. Birthplace N.C.

MOTHER
14. Maiden Name Patsy Phillips (D)
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (b) Date thereof 2/9/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Kingston N.C.
Location Body to be shipped

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1943. at 8 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22 1943. to 1-28 1943. and that I last saw h alive on 1-28 1943.

Immediate cause of death: Uremia — Duration: ?

Due to: Acute nephritis — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Kalbus M. D.
Address Balto. City Hosp. Date signed 2-8-43

VS 150

Number will be FURNISHED, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 So. Caroline St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY HARRIS

3 (b) If veteran, name war —

3 (c) Social Security Account No. NEG

4. Sex: FEMALE | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 12 1905

8. AGE: Years 40 | Months 3 | Days 21 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laundry worker

11. Industry or business

FATHER — 12. Name Edward Williams
13. Birthplace Virginia

MOTHER — 14. Maiden Name Victoria Williams
15. Birthplace Virginia

16 (a) Informant D. Harris
(b) Address 622 Bradford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly Lane

19 (a) FEB 9 - 1943 (Registrar's signature) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1943 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1943 to Feb. 9 1943, and that I last saw her alive on Feb. 4 1943

Immediate cause of death: Uremia Poisoning — Duration: 2 mos.

Due to: Chronic Nephritis — Duration: 37 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: None

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry G. Offutt M. D.
Address Mercy Hosp. Date signed 2/4/43

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160c

G 00879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) D.O.A.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Millington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Walker

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) February 7, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. 5 min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER 12. Name John W Walker
13. Birthplace md.

MOTHER 14. Maiden Name Pauline Chandler
15. Birthplace md

16 (a) Informant John W. Walker
(b) Address 1612 Millington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) (Date received by registrar) (b) Registrar

VS 4 FEB 8 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1943, at 4:05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy (Autopsy or Inquiry) thereon, and from the evidence obtained by such Inspection & Autopsy (Autopsy or Inquiry) find that said deceased came to HOT death on the day stated above.

Immediate cause of death Asphyxiation — Duration
Due to Prolonged labor
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy: NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Williams M.D.
Medical Examiner.
Date signed 2-8-43

G 00850 **BALTIMORE CITY HEALTH DEPARTMENT** G 00850

CERTIFICATE OF DEATH 167

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Booker Knox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Rosie Knox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1913

8. AGE: Years	Months	Days	If less than one day
29	9	10	hr. min.

9. Birthplace Accomac Co., Va. (Town, county and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name James Evans Knox
13. Birthplace Va

MOTHER
14. Maiden Name Maggie Julia Smith
15. Birthplace Va

16 (a) Informant Rosie Knox
(b) Address 1332 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory
Location Accomac Co. Va

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bloomsbury Ave

19 (a) FEB 9 1943 (Date received by registrar) (b) Hunting Town Montgomery M.D. Registrar

VS 6

MEDICAL CERTIFICATION 40

20. DATE OF DEATH Feb. 6 1943 at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Feb. 6 1943 at M
(c) Where did injury occur? Cor. Calhoun & Lanvale (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? no (Specify type of place)
(e) Means of injury Stabbed w/ chest

23. Signature Robert Lee Gutman M.D. Medical Examiner.
Date signed Feb. 7 1943

G 00881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. G 00881

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4010 OAKFORD AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 OAKFORD AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY LUNDY

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife HYMAN BENJ. LUNDY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JACOB LUNDY
13. Birthplace RUSSIA

MOTHER
14. Maiden Name REBECCA
15. Birthplace RUSSIA

16 (a) Informant LOUIS LUNDY - SON
(b) Address 4010 OAKFORD AVE

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-9-43 (month) (day) (year)
(c) Cemetery or crematory PHILADELPHIA PA.
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1739 E Balto St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-8-43 19 a/o 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Feb 8 1943. and that I last saw him alive on Feb 7 1943

Immediate cause of death
Arteriosclerosis
Nephritis
Due to Coronary Thrombosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Eggbrecht M. D.
Address 443 E Fayette Date signed 2-9-43

Type or write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00832 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilson & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2720 Riggs Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Chas. John W. Pickle

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-8473

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/31/1882

8. AGE: Years 60 | Months - | Days 7 | If less than one day hr. min.

9. Birthplace Md. Westminster (Town, county, and state)

10. Usual Occupation Sec.

11. Industry or business Nat'l Md. Dairy

FATHER 12. Name John E.

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Seaman

15. Birthplace Md.

16 (a) Informant Anna L. Pickle wife

(b) Address 2720 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Cath. Cem.

18 (a) Funeral director Edw. A. Pickle & Son

(b) Address 2944 Pennsylvania Ave.

19 (a) FEB 9 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1943 at 5:55 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 24 1943 to Feb 7 1943, and that I last saw him alive on Feb 6 1943.

Immediate cause of death: Coronary thrombosis — Duration 1/6/43

Due to:

Due to:

Other Conditions: Hypertension, essential — 4939

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Catherine Roseberg

Address St. Agnes Hosp. Date signed 2/7/43

VS 3

G 00833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

G 00833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Fleet St,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Beyer. (Beier)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Beyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1870

8. AGE: Years 72 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Conrad Scholl
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Schnoffe
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Pugh.
(b) Address 3205 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore,

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

19 (a) [illegible] (b) Huntington Williams M.D.
(Registrar)

FEB 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6. 1943 at 9 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1943 to Feb. 6 1943 and that I last saw her alive on Feb. 6 1943

Immediate cause of death: Chronic Myocarditis
Due to: Chronic Hydronitis
Due to: Arteriosclerosis
Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Joseph Lankey M. D.
Address 441 N. Elwood Ave Date signed 2/8/43

VS 154

G 00834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

Registered No. b 0834

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 Johanson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Johanson St. 533 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Pollard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58 57			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Garrey
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillie Davis
15. Birthplace Maryland

16 (a) Informant Catherine Pollard (daughter)
(b) Address 533 Johanson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Parke
Location Balto. Md.

18 (a) Funeral director Archibald C. Hastie
Address 210 McCulloh St.

FEB 9 1943 (Date rec'd by Registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1943, at 4:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Arteriosclerotic Cardio-vascular Disease — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 2/7/43

VS 4

G 00885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 v v a

G 00885 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Malvern St. & Linden Ave
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 249 St. Helena Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Samuel J. Arthur

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-5401

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Cora M. Arthur
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 19, 1877

8. AGE: Years	Months	Days	If less than one day
65	7	19	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Police Canton RR

11. Industry or business

FATHER 12. Name Samuel F. Arthur
13. Birthplace Md

MOTHER 14. Maiden Name Angeline Bennington
15. Birthplace Md

16 (a) Informant Samuel F. Arthur
(b) Address 247 St Helena Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feby 11 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Churchville Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Baltimore St

2-9-1943 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1943, at 7:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943 to Feb 8 1943, and that I last saw him alive on February 8 1943.

Immediate cause of death: Intestinal Obstruction
Myocardial Failure
Due to Hypertension & Disease
Due to
Other Conditions Ruptured Inguinal Hernia, Strangulated
(Include pregnancy within 3 months of death)
Date of operation 2/4/43
Major findings of operation: Ruptured Strangulated Inguinal Hernia
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John D'Jorney Jr.
Address Md. General Hosp. Date signed 2/8/43 M D

VS 3

G 00886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00886 / 107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 835 E. Lombard Street
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 E. Lombard street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME HENRY H. HINNERS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife ------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1865

8. AGE: Years	Months	Days	If less than one day
77	5	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business (Cigars)

FATHER
12. Name Heny Hinners
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Mary Luby
15. Birthplace Germany

16 (a) Informant Mrs. Chester A. Warren
(b) Address 1633 N. Caroline street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Chas. J. Evans Son, Inc.
(b) Address 111 N. Mt. Royal Ave (Huntington Phillips, M.D.)

19 (a) Date received (Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 19 43 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1943. to Feb 7 1943. and that I last saw him alive on Feb 7 1943.

Immediate cause of death	Duration
Broncho Pneumonia	5 days
Due to	
Due to	
Other Conditions Chronic Bronchitis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Carol Fisher M.D.
Address 1853 N. Wash St. Date signed 2/9/43

VS 3

G 00887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92d

G 00887 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 N. Hilton street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 N. Hilton street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Ellis

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 212-09-4052

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife: Florence Corbitt Ellis
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1896

8. AGE: Years	Months	Days	If less than one day
46	11	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired (Pressman)
11. Industry or business

FATHER
12. Name James Ellis
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Furlong
15. Birthplace Ireland

16 (a) Informant Mrs. Florence E. Ellis
(b) Address 1609 N. Hilton street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son Inc
(b) Address 118 N. Mt. Royal Ave

FEB 9 1943

(Signature) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 19 43 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1921 19 to 2/7/43 19.
that I last saw him alive on 2/3/43 and that
Immediate cause of death Chronic Valvular Heart disease — Duration 21 Yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature
Address Date signed 2/9/43 M.D.

G 00888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00888 Registered No. 108

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) About 66

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 N. Charles St. (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No) If yes, name country -------

3 (a) FULL NAME Claude A. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie Mauring
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1877

8. AGE: Years	Months	Days	If less than one day
About 66	---	---	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Museum of Art, Wash. D. C.

FATHER
12. Name John Murphy
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Emily R. Mullan
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Cyril A. Keller
(b) Address 601 Springfield Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

FEB 9 - 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8th. 1943, at 1:35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11th. 1943 to Feb. 8th. 1943 and that I last saw h-- im alive on Feb. 7th. 1943.

Immediate cause of death	Duration
Lobar Pneumonia	5 days
Due to -------	
Due to ----------	
Other Conditions Cerebral Apoplexy	26 days.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. W. Murray Jr. M.D.
Address 402 E. 25th St. Date signed 2/9/43.

G 00889

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 150

G 00889
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and Township)
(d) Street No. 2905 N. Charles St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME AGNES M. DELANEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOWED
6 (b) Name of husband or wife: Joseph A. Delaney
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 29. 1870

8. AGE: Years 72 | Months 4 | Days 11 | If less than one day: hr. ____ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Peter Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Feeley
15. Birthplace Ireland

16 (a) Informant Miss Hilda M. Georges
(b) Address 2905 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Means & Son
(b) Address 805 N. Calvert St.

FEB 9 - 1943 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1943 12:35 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 14 1943 to Feb 9 1943 and that I last saw her alive on Feb 9 1943

Immediate cause of death: Respiratory Failure — Duration: 3 hrs

Due to: Metastatic Carcinoma

Due to: Ovary

Other Conditions (None)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry L. Coffman M.D.
Address Mercy Hosp Date signed 2/9/43

G 00890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00890 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution Balto Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2550 McHenry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEROY C. PRICE.

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. 213-09-0059

4. Sex: Male | 5. Color or race: White. | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Ruby H. Price.

6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) April 21-1900

8. AGE: Years 42 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace Syracuse N.Y. (Town, county, and state)

10. Usual Occupation Stock Clerk.

11. Industry or business Bendix Radio Corp.

FATHER
12. Name Wm. H. Price.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Ellen Mary Braun.
15. Birthplace Unknown.

16 (a) Informant Mrs. Ruby H. Price.
(b) Address 2550 McHenry St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 10-1943. (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 FEB 9 1943 Huntington Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1943, at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1943, to Feb 6 1943, and that I last saw h[illegible] alive on Feb 6 1943.

Immediate cause of death	Duration
Meningitis	
Due to	
Due to	
Other Conditions (N.W.)	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Stupik M. D.
Address St Joseph's Hosp. Date signed

VS 8

G 00831 G 00831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2400 ELSINOR AVE
(c) Hospital or institution: Union Memorial Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Elsinor Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Frederick Fischbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24, 1943

8. AGE: Years	Months	Days	If less than one day
		15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frederick Fischbach
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellena Quudlack
15. Birthplace Maryland

16 (a) Informant Mr. W. Frederick Fischback
(b) Address 2403 Elsinor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Wm. J. TICKNER & SONS INC
(b) Address North & Pa Aves.

FEB 9 1943 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 pm 2/8 1943 to 10 pm 2/8 1943 and that I last saw him alive on same date.

Immediate cause of death (a) Hemorrhage Subseq circulatory collapse — Duration

Due to Prematurity Malnutrition Dehydration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hahn Bowie
Address Union Hosp. Date signed 2/8, 43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00892 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York County
(c) City or town Elmhurst
(If outside city or town limits, write RURAL and give town)
(d) Street No. 80-14 60th Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Albert V. Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. 069-01-7417

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary F. Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4-1893

8. AGE: Years	Months	Days	If less than one day
49 50	4	4	hr. min.

9. Birthplace New York State
(Town, county, and state)

10. Usual Occupation
11. Industry or business Sugar weigher

FATHER
12. Name James Clark
13. Birthplace New York State

MOTHER
14. Maiden Name Elizabeth Petty
15. Birthplace Canada.

16 (a) Informant Mary F. Clark
(b) Address 80-14 60th Rd. Elmhurst N.Y.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Johns Cem.
Location Elmhurst N.Y.

18 (a) Funeral director John C. Miller
(b) Address 24 58th St. Woodside L.I.

19 (a) FEB 9-1943 for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his query (Autopsy or Inquiry) thereon and from the evidence obtained by said his query (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Feb. 9 1943

VS 6

G 00893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 00893 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Edgewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME Baby Parr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24 1943

8. AGE: Years	Months	Days	If less than one day
		17	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Parr
13. Birthplace

MOTHER
14. Maiden Name Dorothea Pennington
15. Birthplace Md

16 (a) Informant Mrs Mary Parr
(b) Address 3039 Edgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Fernand J. Bruno
(b) Address 5605 Harford Rd

19 (a) [illegible] Herrington Williams M.D. Registered

MEDICAL CERTIFICATION 6'40

20. DATE OF DEATH 2-8- 1943. at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1943. to 2/8 1943 and that I last saw h[illegible] alive on 2/8 1943.

Immediate cause of death	Duration
Bronchopneumonia	2 Days
Due to Prematurity	15 Days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Degnan M.D.
Address 8 E Lexington St Date signed 2-10-43

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 00894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 00894 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 Pentridge Apt 287
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Pentridge apt 287 (If rural give location)
(e) Citizen of foreign country? Yes or No
If yes, name country

3 (a) FULL NAME Mary C Ahl

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Wm J. Ahl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-1889

8. AGE: Years	Months	Days	If less than one day
53	1	20	hr. min.

9. Birthplace Norfolk N.Y. (Town, county, and state)
10. Usual Occupation at Home.
11. Industry or business

FATHER
12. Name Wm Connelly
13. Birthplace N.Y.

MOTHER
14. Maiden Name Mary Ellen Ruggin
15. Birthplace N.Y.

16 (a) Informant Wm J. Ahl
(b) Address 1505 Pentridge apt 287

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-10-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Leonard J. Lynch
(b) Address 5217 Harford Rd

19 (a) FEB 9 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7/ 1943, at 9.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to 2/7/ 1943, and that I last saw her alive on 2/6/ 1943.

Immediate cause of death: Metastatic Carcinoma of Brain — Duration

Due to Primary Carcinoma of Breast.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Radical Mastectomy 1932.

Major findings of operation: Pathological

of autopsy: Report 1932 (Carcinoma).

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Boyle
Address 5217 Harford Rd. Date signed 2/8/43

00895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00895

157 M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1209 W-Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ——
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 W-Lexington.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Karolyn Stanton. (Birth F 6 7 2 2)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female.

5. Color or race: Negro.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-25-43

8. AGE: Years | Months | Days | If less than one day: 24 hr. approx. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Corinthian Stanton.
13. Birthplace Iver, Virginia.

MOTHER
14. Maiden Name Roselle Biggers.
15. Birthplace Baltimore, Maryland.

16 (a) Informant Roselle Biggers Stanton.
(b) Address 1209 W-Lexington.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore Md.

18 (a) Funeral director Wm. Hoop & Son
(b) Address Huntingtown Williamsburg, Md.

19 (a) FEB 8 1943 (b) Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943 to Jan 26 1943, and that I last saw her alive on Jan 25 1943,

Immediate cause of death. Anomalies; Incompatible with Life. — Duration

Due to Maldevelopment during the gestation period.

Due to Unknown causes.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clyde B. Hall M. D.
Address Wm. Hoop. Date signed 2/7/43

429490 G 00896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157a

Registered No. G 00896

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Baker (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leonard Leon Gross

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-20-42

8. AGE: Years	Months	Days	If less than one day
	9	18	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Leon Gross
13. Birthplace Md

MOTHER
14. Maiden Name Annie Benns
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. G. Kelso
(b) Address 1308 Pressman St

19 (a) (Date rec'd by registrar) (b) Huntington Hollins Registrar

VS-1a FEB 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943, at 950 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943 to Feb 8 1943 and that I last saw him alive on Feb 8 1943

Immediate cause of death: Meningitis — Duration
Due to
Due to
Other Conditions Hydrocephalus
(Include pregnancy within 3 months of death)
Date of operation 2/8/43
Major findings of operation: Cong. communic. hydrocephalus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Gibson M. D.
Address Johns Hopkins Hosp Date signed 2/9/43

G 00837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00837

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 54 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 Brunt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Jones 78606

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-2051

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	black	married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1891

8. AGE: Years	Months	Days	If less than one day
51	5	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Charles
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Mason
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery or crematory Lot Peters
Location Mill

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Pressman St.

19 (a) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

FEB 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1943 at 12:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1942 to Feb. 7 1943, and that I last saw him alive on Feb. 7 1943

Immediate cause of death: Lung abscess — Duration: 1

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Lung abscess

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Hartz M.D.
Address Balto City Hosp. Date signed 2/12/43

G 00838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195B

G 00898 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 Mud. Gwe 3rd floor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Mud - Gwe (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Vethe Fowlkes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1924

8. AGE: Years 19 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Willie Fowlkes

13. Birthplace Va.

MOTHER 14. Maiden Name Virginia Marshall

15. Birthplace Va

16 (a) Informant Thomas A. Kelson

(b) Address (343 Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)

(c) Cemetery or crematory Greenmount, Va

Location Greenmount Cem

18 (a) Funeral director Geo. E. Kelson

(b) Address 1503 Pennsylvania Ave

FEB 9 1943 (b) (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5-43 19 . to 2-9 1943.
and that I last saw h[illegible] alive on 2-9-1943.

Immediate cause of death
Rheumatic Heart
Due to Unknown

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy None

Duration 4 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1632 Druid Hill Ave (Date signed) 2-9-43

VS 3

G 00839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00839 Registered No.

1212 N. Patterson Park Ave

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 702 N. Milton ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto City (If outside city or town limits, write RURAL and give town)

(d) Street No. 702 N. Milton ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theresa Stangl Birner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Birner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 1865

8. AGE: Years 77 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Stangl

13. Birthplace Germany

MOTHER 14. Maiden Name

15. Birthplace Germany

16 (a) Informant Daughter

(b) Address 702 N. Milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10th 43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Pipitone

(b) Address 218 E. Baltimore

19 (a) 1943 (Delivered by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7th 1943, at 10 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1941, to Feb 7 1943 and that I last saw her alive on Feb 6 1943

Immediate cause of death Hypertensive Cardio Vascular Disease — Duration 10 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Karl Grossman

Address 212 N Patterson Pk Ave Date signed 2/8/43

VS 2

G 00900 mgm

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00900 Registered No. 107

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Camden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Heinhart

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1865

8. AGE: Years	Months	Days	If less than one day
77	6	28	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George P. Reinhart
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Bayley
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 2/11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director Wilkins Cook Inc
(b) Address 129 E. Paul St

FEB 9 – 1943 (Huntington Williams M.D.)
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8 1943 at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1/43 to 2/8 1943
and that I last saw h[illegible] alive on 2/8 1943

Immediate cause of death Bronchopneumonia — Duration 5 Dys

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Gardner, M.D.
M. D.
Address Balto. City Hospitals Date signed 2/8/43

G 06901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √46E

Registered No. G 06901

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD AND CALVERT STS.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 DA.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State M.D. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 W. MONUMENT. ST. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ALLAN A. HEDRICK

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: NINA THOMAS HEDRICK

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) July 31, 1867

8. AGE: Years 75 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace Russelville, Ohio (Town, county, and state)

10. Usual Occupation Retired grocer

11. Industry or business

FATHER
12. Name James W. Hedrick
13. Birthplace Ohio

MOTHER
14. Maiden Name Levina Jane Pickerell
15. Birthplace Ohio

16 (a) Informant Mrs. Allen A. Hedrick WIFE
(b) Address 217 W. Monument ST.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) 2-10-1943 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1943 at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 6 1943 to February 9 1943 and that I last saw h im alive on February 9 1943.

Immediate cause of death: Cardio-respiratory failure — Duration: ?

Due to: Cachexia, malnutrition

Due to: Carcinoma, adeno- of sigmoid colon, with generalized metastasis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation February 6, 1943
Major findings of operation: Carcinoma sigmoid c metastasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James N. McCook Jr. M. D.
Address Union Memorial Hospital Date signed 2-9-43

PRINCE WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 00902

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2211 West Rogers Ave

(c) Hospital or institution: Home for the Aged M.E. Church

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 33 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 West Rogers Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Thomas J Berry

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mollie Koffenburger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3 - 1861

8. AGE: Years	Months	Days	If less than one day
81	4	5	hr. min.

9. Birthplace Wales (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER

12. Name J Berry

13. Birthplace Wales

MOTHER

14. Maiden Name Mary ?

15. Birthplace Wales

16 (a) Informant Mrs W St. Mac Lea

(b) Address 2211 West Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto. Md

18 (a) Funeral director Dieman Cook Inc

(b) Address 1217 St Paul Street

19 (a) FEB 10 1943 (date received by registrar) Huntington Williams M.D. (registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8th 1943 at 7.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April - 1942 to Feb 7 1943.

and that I last saw h/M alive on Feb 7 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs

Due to Arteriosclerosis — 10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Arthur J Dawes M.D.

Address 800 W 33rd Date signed 2-9-43

G 00903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 00903 Registered No.

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2719 The Alemada
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2719 The Alemada
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Coddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine Coddy

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) March 11-1886

8. AGE: Years 65 6d | Months 10 | Days 28 5 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Peter Coddy
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane Monahan
15. Birthplace Ireland

16 (a) Informant Charles Coddy
(b) Address 2719 The Alemada

17 (a) Burial (b) Date thereof 2-10-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Richard Flanniz
(b) Address 1 W. Eight St.

19 (a) Filed FEB 9 1943 (b) Registrar Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 6 - 1943 at 11 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 16 - 1940 to 2 - 6 - 1943, and that I last saw h alive on 2 - 6 - 1943.

Immediate cause of death: Heart block — Duration 2 mos.

Due to Arteriosclerosis & hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.

Address 2802 Harford Rd Date signed 2-8-43

Coroner

G 00904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G 00904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2429 Woodbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. 230-07-6935

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 - 1920

8. AGE: Years	Months	Days	If less than one day
22	7	6	hr. min.

9. Birthplace Lynchburg Va (Town, county, and state)

10. Usual Occupation

11. Industry or business N.Y.A. Radio Dept

FATHER 12. Name Shotwood H. Clark

13. Birthplace Va

MOTHER 14. Maiden Name Mary Hall

15. Birthplace Va

16 (a) Informant Mary Clark

(b) Address Lynchburg Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10-43 (month) (day) (year)

(c) Cemetery or crematory

Location Lynchburg Va

18 (a) Funeral director Thos. H. Chase & Son

(b) Address 638 N. Calvert St

19 (a) Date received FEB 9 1943 (Registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943, at 3 35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Feb. 7 1943 at 7 A M
(c) Where did injury occur? 2014 Madison Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? no (Specify type of place)
(e) Means of injury shot in head

23. Signature Robert Le Graham M.D. Medical Examiner.

Date signed Feb. 9 1943

G 00905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00905 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Braddish Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Braddish Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME John B. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1900

8. AGE: Years	Months	Days	If less than one day
42	4	1	Hr. min.

9. Birthplace Atlanta Georgia (Town, county, and state)
10. Usual Occupation Iron Laborer
11. Industry or business Steel Mfg Co

FATHER
12. Name John H. Wilson
13. Birthplace Atlanta Georgia

MOTHER
14. Maiden Name Elizabeth Johnson
15. Birthplace Georgia

16 (a) Informant Margaret J. Lewis
(b) Address 2015 Braddish Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto County Md

18 (a) Funeral director J. B. Oliphant & Son
(b) Address 300 Eutaw Place

19 FEB 9 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7th 1943. 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1942 to Feb 7 1943 and that I last saw h alive on Feb 7 1943

Immediate cause of death: Cardiac failure — Duration

Due to: Acute coronary thrombosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Needle, M.D.
Address 7314 - W. North Ave Date signed 2/9/43

VS 150

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 00906

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 years
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md
(c) City or town Baltimore 4202 Dunkeam
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Mary A. Brian

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Edwin B. Brian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5th 1863

8. AGE: Years 80 | Months — | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John McAuley
13. Birthplace Ireland

MOTHER
14. Maiden Name —
15. Birthplace Ireland

16 (a) Informant Jesse J. Brian
(b) Address 1849 N. Bond St

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Baltimore, Md

18 (a) Funeral director J. F. Wagner & Son
(b) Address 1300 Eastern Ave

19 (a) (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1943 at 8:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to Feb. 7 1943 and that I last saw h[illegible] alive on Feb. 6 1943

Immediate cause of death Arteriosclerotic C-V-D — Duration

Due to —

Due to —

Other Conditions Hypertrophic arthritis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature C. Arthur Rosenberg

Address St Agnes Hosp. Date signed 2/9/43

Morgan G 00907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00907 Registered No. 167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Talbot
(c) City or town Easton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emory L Towers

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-16-1589

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife [redacted] Sadie B

6 (c) If [redacted] years

7. Birth date of deceased (mo., day, yr.) Feb [redacted] 95

8. AGE: Years	Months	Days	If less than one day
48 48	10	2	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Drydock Worker

11. Industry or business

FATHER
12. Name Nathaniel P Towers
13. Birthplace Md

MOTHER
14. Maiden Name Martha L Simpson
15. Birthplace Md

16 (a) Informant Mrs R Ellis Clark
(b) Address Easton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-43 (month) (day) (year)
(c) Cemetery or crematory Spring Hill Cem
Location Easton Md

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 FEB 9 1943 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943, at 7 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Stab wound of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Feb. 8 1943 at 7 10 P M
(c) Where did injury occur? Lighthouse Hotel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hotel (Specify type of place) While at work? Yes?
(e) Means of injury Stabbed

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 9 1943

G 00908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 00908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 E.Barney St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 E.Barney St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NICHOLAS SMITH

3 (b) If veteran, name war ----
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Mary A.Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1880

8. AGE: Years	Months	Days	If less than one day
62	8	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Family
(b) Address 25 E.Barney St

17 (a) B (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory St.Matthews
Location O'Donnell St.

18 (a) Funeral director J. Fen McCauley
(b) Address 130 E. Fort Ave.

FEB 9 - 1943
(Date rec'd by registrar) Arlington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943 at 8 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 25 1943 to Feb 8 1943, and that I last saw him alive on Feb 5 1943.

Immediate cause of death	Duration
Pulmonary Hemorrhage	Hrs
Due to Pulmonary Tuberculosis Active	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Van Lynn
Address 1 E. Randall Date signed 2/9/43

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No. G 00909

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Bruce Joseph Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/42

8. AGE: Years	Months	Days	If less than one day
	1	15	3 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mr. Winfield Robinson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Dorothy R. Jones
15. Birthplace Balto Md

16 (a) Informant Parents
(b) Address 1924 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-43 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem
Location Baltimore Md

18 (a) Funeral director Geppe & Feeley
(b) Address Fulton & Fayette

19 (a) (Signature of Registrar) Huntington Williams M.D. Registrar

FEB 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943 at 6 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7/1943 to 2/8/1943 and that I last saw h. alive on 2/8/1943

Immediate cause of death Intestinal Obstruction

Due to Strangulation Rt. Inguinal hernia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2/8/43

Major findings of operation Intestinal Obstruction Strangulated Rt. inguinal hernia

of autopsy: one portion of [illegible]

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hans T. Muse

Address Bon Secours Hosp. Date signed M. D. 2/16/43

VS 3

G 00910

AB-79488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00910 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17-1875

8. AGE: Years	Months	Days	If less than one day
67 68	3	21 20	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Richard Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Gossett
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-43 (month) (day) (year)

(c) Cemetery or crematory
Location Portsmouth Va

18 (a) Funeral director John C. Melly Inc
(b) Address 2435 E. Pratt St

19 (a) Filed by (b) Registrar

FEB 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1943 at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1943 to 2-7 1943, and that I last saw h alive on 2-7 1943.

Immediate cause of death	Duration
Uremia	7
Due to Hypertension C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-9-43

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00911

CERTIFICATE OF DEATH

1937

G 00911

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1431 Madison Ave ST., 7 WARD)

2—FULL NAME Mercer Haughton jr

(a) RESIDENCE NO. 1431 Madison Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	A. A.	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Haughton

6 DATE OF BIRTH (month, day, and year) Feb - 24 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76	11	17	14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER James Payton

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant Albert Haughton (Address) 1431 Madison ave

15 Filed FEB 10 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/43

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1943, to February 8, 1943, that I last saw h alive on February 8, 1943, and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Carson C. Thomas, M. D.

, 19 (Address) 1302 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edenton N. C

20 UNDERTAKER Kellogg & Kellon

DATE OF BURIAL 2-11-, 1943

ADDRESS 1303 Presstman St

Morgue G 00912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V167

G 00912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1033 Stockton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Alvia Dumas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	C	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1919

8. AGE: Years	Months	Days	If less than one day
23	5	4	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

MOTHER / FATHER

12. Name Alvia Gatewood

13. Birthplace North Carolina

MOTHER

14. Maiden Name Lellery Jackson

15. Birthplace North Carolina

16 (a) Informant Lula Gordon

(b) Address 1316 N. Clement Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-10-43 (month) (day) (year)

(c) Cemetery or crematory Cheraw S.C.

Location S. C.

18 (a) Funeral director FEB 10 1943 G. Kelson

(b) Address 1303 Presstman St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1943, at 2:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Stab wound of neck	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Feb. 6 1943 at 1:30 P.M.
(c) Where did injury occur? Winchester & Carey Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Stabbed in neck

23. Signature Robert Lee Scarborough M.D. Medical Examiner.

Date signed Feb. 7 1943

VS 6

G 00913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G 00913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Jacob Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21 1915

8. AGE: Years	Months	Days	If less than one day
27	4	15	hr. min.

9. Birthplace Rocky Mount, N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Dayot Smith
13. Birthplace Scarlettsville, N.C.

MOTHER
14. Maiden Name Martha Bryant
15. Birthplace Rocky Mount, N.C.

16 (a) Informant Martha Smith
(b) Address 1126 W Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem.
Location

18 (a) Funeral director Mrs Katie R. W[illegible]
(b) Address 327 N. Gilmor

Feb 10 1943 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6, 1943, at 2:20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Stab wound of chest	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2-6-43 at 2 PM
(c) Where did injury occur? Fremont & Fayette (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place, [illegible] While at work? (Specify type of place)
(e) Means of injury Stabbed with pocket knife

23. Signature H. J. Wallenmeyer M.D. (Attending, Medical Examiner, Coroner)
Date signed 2-6-43

VS 6

G 00914 G 00914

AB-79673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Yrs.?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 532 Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mitchell Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	?

6 (b) Name of husband or wife Harriett Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
40	?	?	hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation Employed by Immaculate
11. Industry or business Conception Rectory

FATHER
12. Name ? Mitchell Brown
13. Birthplace ? Murtuk Ned

MOTHER
14. Maiden Name ? Elizabeth Smith
15. Birthplace Caroline Co. Va

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

FEB 10 1943 Baltimore Md.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1943, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1943 to 2-6 1943, and that I last saw h[illegible] alive on 2-6 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Hypertensive C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rabbitt M. D.
Address Balt. City Hosp. Date signed 2-8-43

VS 188

G 00915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 00915 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3505 Lynchester Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 11
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED: Lynchester Rd.
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Lynchester Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Rankin Conn

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Kate Conn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23 1852

8. AGE: Years 90 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Balto Co Md.
(Town, county, and state)

10. Usual Occupation Work
11. Industry or business —

FATHER 12. Name Martin Conn
13. Birthplace Balto Co Md

MOTHER 14. Maiden Name Martha A. Liston
15. Birthplace Balto Co Md.

16 (a) Informant Thos D. Conn
(b) Address 3505 Lynchester Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11-1943 (month) (day) (year)

(c) Cemetery or crematory Pleasant View
Location Cockeysville Balto Co Md.

18 (a) Funeral director Bertram Bork
(b) Address 2234 N Charles St.

19 (a) (Date received) (b) FEB 10 1943 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Feb 8 1943 and that I last saw h/him alive on Feb 8 1943.

Immediate cause of death Augusti Pectoris — Duration

Due to Cardio-vascular disease. — 14 yrs.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frances Dulaney M.D.
Address 846 W 36th St Date signed 2/9/43

G 00916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 00916 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3602 Elm ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Elm ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME William Henry Harrison

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie J. Darnall

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 9-1862

8. AGE: Years 80 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. City Md (Town, county, and state)

10. Usual Occupation Supt. - Retired

11. Industry or business Cotton Mill

FATHER — 12. Name John Harrison

13. Birthplace Balto. Md

MOTHER — 14. Maiden Name Mary Nichols

15. Birthplace Md

16 (a) Informant Mrs. J. Bryce Harrison

(b) Address 3602 Elm ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-43 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Harper

Location Roland ave Balto Md

18 (a) Funeral director Geo. L. Beyer Jr

(b) Address 1512 Hollins St

19 (a) FEB 10 1943 (Date rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943 at 12 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1938 to Feb 8 1943 and that I last saw h[illegible] alive on Feb 8 1943.

Immediate cause of death	Duration
Cardiac decompensation	
Due to Cardio-Renular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Dwerman M.D.

Address 6464 36th St. Date signed 2/9/43

G 00917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 00917 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 N. Amity St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Amity St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Booze Skerritt

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7434

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced W.

6 (b) Name of husband or wife Samuel Skerritt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1895

8. AGE: Years 47 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Ordnance Dept

11. Industry or business Edgewood Arsenal

FATHER 12. Name John Cooper

13. Birthplace Md

MOTHER 14. Maiden Name Mary A Warner

15. Birthplace Md

16 (a) Informant Laurence Booze

(b) Address 123 N. Amity St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (Month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1400 Brandt Ave

FEB 10 1943 (Date rec'd by registrar)

(b) Registrar Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1943, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943 to Feb 6 1943.
and that I last saw her alive on Feb 6 1943.

Immediate cause of death Cerebral Hemorrhage

Duration 2 hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 714 Eager Date signed 2/10/43

G 00918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 00918

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Philadelphia Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth C. Caddin

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	No	F	W.	Widowed

6 (b) Name of husband or wife Thomas M.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 17, 1882

8. AGE: Years	Months	Days	If less than one day
60	4	22	1 hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Jacob Ramlein
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Salzig
15. Birthplace Germany

16 (a) Informant Josephine Woollar
(b) Address 103 Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East of North Ave.

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address Lombard & Paca Sts.

19 (a) FEB 10 1943 (Date rec'd by registrar) (b) Huntington Wilson, Registrar, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943, at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & no autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Acute pulmonary edema	
Due to Arteria sclerotic cardio vascular - renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grafton M.D. (Medical Examiner)
Date signed Feb. 8 1943.

G 00919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00919 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1118 Somerset St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Somerset St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Henry McComas

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Leah Dean

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1872

8. AGE: Years: 71 | Months: - | Days: 27 | If less than one day: hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER
12. Name March McComas
13. Birthplace Md

MOTHER
14. Maiden Name Louisa ?
15. Birthplace Md.

16 (a) Informant Leah Dean McComas
(b) Address 1118 Somerset St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Hyatt
(b) Address 1691 Druid Hill Ave.

19 (a) FEB 10 1943 (month) (day) (year) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1943 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Feb 6 1943, and that I last saw h[im] alive on Feb 5 1943.

Immediate cause of death: Cardiac Renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. D. Detweiler M.D.
Address 1715 Park Ave. Date signed 2/10/43

425429

G 00920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30C

G 00920 Registered No.

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine McKay

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-97

8. AGE: Years	Months	Days	If less than one day
45	-	21	hr. min.

9. Birthplace N.C (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Van Williams

13. Birthplace N.C

MOTHER 14. Maiden Name Luberta Askew

15. Birthplace N.C

16 (a) Informant Lubertal Williams

(b) Address 1729 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto Md

18 (a) Funeral director Jno. Geo. St. Kleiland

(b) Address 1091 Druid Hill Ave

19 (a) 2-9-1943 Huntington Williams, M.D. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1943 at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to Feb 7 1943 and that I last saw h alive on Feb 7 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Intracranial Pressure	
Due to Brain gumma, post operative	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Jan 16, 1943

Major findings of operation: Multiple gummata, brain

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving J. Sherman M. D.

Address Johns Hopkins Hosp Date signed 2-7-43

VS 180

G 00921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 00921 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503 N. Charles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSA ALICE STIDMAN

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife John F. Stidman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1872

8. AGE: Years 70 | Months 1 | Days 29 | If less than one day: hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Amos Ripple
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. A. Y. Stidman
(b) Address 3803 Granada

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) FEB 10 (Endorsement by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1943, at 9:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1942, to Feb 8 1943, and that I last saw deceased alive on Feb 7 1943

Immediate cause of death
Due to Diabetes
Due to Hypertension
Due to Senile Arteriosclerosis
Other Conditions Edema

Duration
Unk
3 yrs.
3 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. G. Mace M. D.
Address 1 W. Lafayette Ave Date signed 2-9-43

VS 8

G 00922 G 00922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 E. Oliver St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 E. Oliver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADA VIOLA JONES

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Frederick W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1872

8. AGE: Years	Months	Days	If less than one day
70	1	26	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER / FATHER
12. Name Julius Brown
13. Birthplace Baltimore, Md.
14. Maiden Name Mary Catherine Whitman
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Daniel W. Eckman
(b) Address 2307 E. Oliver St.

17 (a) Burial (b) Date thereof 2/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md. Walter Williams, M.D.

19 (a) FEB 10 194 (b) Hunting
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Feb. 8 1943.
and that I last saw h alive on Feb. 8 1943

Immediate cause of death	Duration
Coronary thrombosis	8 days
Due to arteriosclerosis	?
Due to	
Other Conditions hypertension	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Lehrfeld M. D.
Address 714 E Preston Date signed 2/9/43

VS 8

00923 G 00923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Lancaster St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Lancaster St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Szymanski

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-06-7230

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband/wife ZOFIA Szymanski
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 1887

8. AGE: Years	Months	Days	If less than one day
55 54	6		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Painter Shipyard
11. Industry or business Baltimore Key Highway

FATHER
12. Name Casimir Szymanski
13. Birthplace poland

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant ZOFIA SZYMANSKI Wife
(b) Address 1519 LANCASTER ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-43 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 705 So. Ebaw St

19 (a) FEB 10 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 9 1943 (Corr.)

G 00924 BALTIMORE CITY HEALTH DEPARTMENT G 00924

CERTIFICATE OF DEATH

437213 / 107 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Watts

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-40

8. AGE: Years	Months	Days	If less than one day
2	23/1	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roger Watts
13. Birthplace Md.

MOTHER
14. Maiden Name Mesa Osborne
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory Dagotty
Location Army Annex Md.

18 (a) Funeral director Howard A. Jackson
(b) Address 916 Penna. Ave.

FEB 10 1943 (Date rec'd by registrar) (b) Registrar Washington Williams

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1943 at 10 a' A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1943 Feb. 9 1943, and that I last saw her alive on Feb. 9 1943.

Immediate cause of death Heart Failure — Duration

Due to Acute bronchopneumonia and a chronic interstitial myocarditis of unknown

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert D. Gleason
Address Johns Hopkins Hospital signed 2/9/43

G 00925

BALTIMORE CITY HEALTH DEPARTMENT X 108

CERTIFICATE OF DEATH

G 00925 Registered No.

The ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. 5641 Oregon Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Emma Truitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/1888

8. AGE: Years	Months	Days	If less than one day
54	9	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Caugnot
13. Birthplace Maryland

MOTHER
14. Maiden Name Cinthia Baker
15. Birthplace Maryland

16 (a) Informant Ralph Truitt
(b) Address 5641 Oregon Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 11 43 (month) (day) (year)
(c) Cemetery or crematory Lakeview Mem. Park
Location Loudon Park P.O.

18 (a) Funeral director Henry F. Kilpatrick
(b) Address 4101 Edmondson Ave

19 (a) (b) Registrar

FEB 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1943, at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943 to Feb 8 1943, and that I last saw h.e.r. alive on Feb 8 1943.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions Hypertension? C-V-D (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosberg
Address St. Agnes Hosp. Date signed 2/8/43

G 00926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 00926 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1831 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital of inst. (yrs., mos., or days) 1944
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 W. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Max Kruemmel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, (married) widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Virginia G. Amos Kruemmel 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1869

8. AGE: Years	Months	Days	If less than one day
73	11	24	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Locksmith
11. Industry or business

FATHER
12. Name Kruemmel
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Mrs. Virginia G. Kruemmel
(b) Address 1831 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10/43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Howard Co., Md.

18 (a) Funeral director Harry H. Nitzke
(b) Address 4401 E. Monument Ave.

19 (a) FEB 10 1943 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8/43. 19 , at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1942 to Feb. 8 1943, and that I last saw alive on Feb. 7 1943.

Immediate cause of death Arteriosclerotic heart disease — Duration ?
Due to Hemiplegia Cerebral Arteriosclerosis — ?
Due to —
Other Conditions Cancer Liver — ?

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Norma B. Schreiber M. D.
Address 548 Fulton Ave Date signed Feb. 10 1943

VS 150

Duplicate G 00927 BALTIMORE CITY HEALTH DEPARTMENT G 00927
Registered No.

CERTIFICATE OF DEATH 938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Jasper St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-8439

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1892

8. AGE: Years	Months	Days	If less than one day
50	8	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Brown
13. Birthplace Md.

MOTHER 14. Maiden Name Laura Homely
15. Birthplace Md.

16 (a) Informant James Walter Brown
(b) Address 803 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) FEB 10 1943 (Date rec'd by registrar) (b) Contingent for Nathaniel M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943 at 2:35 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) and from my own (Autopsy or Inquiry) personal observation find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertension cardiovascular disease — Duration

Due to

Due to

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Results of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Bratton M.D. Medical Examiner.
Date signed Feb. 9 1943

VS 6

G 00928 ✓ ① G 00928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Pennsylvania Ave 2nd Fl
(c) Hospital or institution: _____ 27 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) Indefinite

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Dayton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) _____ years

3 (a) FULL NAME William Campbell

3 (b) If veteran, name war _____ | 3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	A. A	Widowed

6 (b) Name of husband or wife _____
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64	—	—	____ hr. ____ min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Race Horse owner
11. Industry or business _____

FATHER — 12. Name Unknown
13. Birthplace _____

MOTHER — 14. Maiden Name Unknown
15. Birthplace _____

16 (a) Informant Beulah Burrison
(b) Address 3305 Dayton Ave

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof 2-9-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Asbyptus Halstead
(b) Address 918 Druid Hill Ave.

19 (d) FEB 10 1943 (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6 1943, at 12 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6 1942 to 2/6 1943 and that I last saw h[illegible] alive on 2/6 1943

Immediate cause of death Myocarditis — Duration 6 Mos.
Due to _____
Due to _____
Other Conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Carson C. Johnson M. D.
Address 1802 Pennsylvania Ave Date signed 2/9/43

VS 2

G 00929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93C

G 00929 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1031 N. Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Traynham

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband ~~or wife~~ Jesse Traynham (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1905

8. AGE: Years	Months	Days	If less than one day
39.	7	4	hr. min.

9. Birthplace Danville Co., Va. (town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Charles Clark
13. Birthplace Va.

MOTHER
14. Maiden Name Lucinda Pleasant
15. Birthplace Va.

16 (a) Informant Jesse Traynham
(b) Address 1031 N. Wolfe Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-10-43 (month) (day) (year)
(c) Cemetery or crematory Clover Va.
Location Va.

18 (a) Funeral director Mrs. R. L. Elliott Daughter
(b) Address 1129 N. Caroline St.

19 (a) (Signature) (b) Huntington Williams, M.D.

FEB 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8 1943, at 9.25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Rheumatic Cardio-vascular disease. — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 2/8/43.

G 00930

429489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

G 00930

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 N. Durham (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel Distance

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-18-42

8. AGE: Years	Months	Days	If less than one day
1	-	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Dunbar Distance
13. Birthplace Md.

MOTHER
14. Maiden Name Doris ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County

18 (a) Funeral director Mrs. R. A. Elliott Daughter
(b) Address 112 N. Caroline St.

19 (a) FEB 10 1943 (b) (Signature) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1943 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1943 to Feb. 9 1943, and that I last saw him alive on Feb. 9 1943

Immediate cause of death: Pneumococcal (Type III) Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Solomon
Address Johns Hopkins Hospital Date signed 2/9/43

G 00931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 27-00931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 Sapp St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 Sapp St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Tupree

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: David Tupree
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1890

8. AGE: Years 52 53 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? - Stokes
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Wilbert Tupree
(b) Address 2430 Brentwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto. County

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

19 (a) FEB 10 1943 (Registrar) Huntington Williams M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1943 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 27 1942 to FEB 6 1943 and that I last saw h. alive on FEB 6 1943.

Immediate cause of death: General Poisoning of Broncho Pneumonia — Duration: 3 days
Due to
Due to
Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: none
of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: none
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none While at work? none (Specify type of place)
(e) Means of injury: None

23. Signature: Otto H. Decker
Address 928 E. North Ave. Date signed 2/9/43 M.D.

Physician: write clearly, with UNFADING INK. Every item of information should be carefully supplied. Do not guess, but write correct age in especially important. Physicians: please write the causes of death clearly and legibly.

G 00932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 462

1. PLACE OF DEATH: (a) Baltimore City, Maryland — Church Home & Hospital
(b) Street address Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert
(c) City or town Boonsboro
(If outside city or town limits, write RURAL and give town)
(d) Street No. Boonsboro Calvert Co.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Frances Hagner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/27/1893

8. AGE: Years 49 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name Thomas H. Hagner

13. Birthplace Maryland

MOTHER 14. Maiden Name Nora Atwell

15. Birthplace Maryland

16 (a) Informant Mr Thos Hagner Jr

(b) Address 707 Churchyard Rd

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)

(c) Cemetery or crematory St Pauls

Location Prince Frederick Md

18 (a) Funeral director J. D. Fahey & Sons

(b) Address 1218 Light St.

19 (a) FEB 10 1943 (Endorsed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9 1943, at 2:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 2/9 1943, and that I last saw h[illegible] alive on 2/8 1943

Immediate cause of death: Pneumonia — Duration

Due to [illegible] — Duration

Due to [illegible] (flu) — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation Dec. 16, 1942

Major findings of operation:

Date of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Mason Kinsolving M. D.

Address Church Home & Hosp. Date signed 2/9/43

VS 3

Knox

G 00933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 00933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1103 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Gorsuch Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cecelia M. Brink

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jesse J. Brink

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 29, 1874

8. AGE: Years 68 | Months 7 | Days 4 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Home work

11. Industry or business: at home

FATHER
12. Name: George Dilliehunt
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Helena Moore
15. Birthplace: Baltimore Md.

16 (a) Informant: Jno. Brink (Son)
(b) Address: 1103 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 12, 1943 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem
Location: 4430 Belair Road

18 (a) Funeral director: Elmer W. Confelius Son
(b) Address: 914 Eager St.

19 (a) (Date received by local registrar) FEB 10 1943 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8th 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1943, to Feb 8 1943, and that I last saw her alive on Feb 8 1943.

	Duration
Immediate cause of death: Cranary Thrombosis	2 Hrs
Due to: Infectious Col	6 mos
Due to: Diabetes	6 yrs
Other Conditions: Brights Disease (Include pregnancy within 3 months of death)	2 yrs

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest J. Jurmann M. D.
Address 9868 Reisterstown Date signed 2/10/43

G 00934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 00934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6010 Glen Oak av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6010 Glen Oak av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Minnie C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19, 1870

8. AGE: Years	Months	Days	If less than one day
73	-	19	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER 12. Name Samuel Smith
13. Birthplace Scotland
MOTHER 14. Maiden Name Cendrin Straka
15. Birthplace Germany

16 (a) Informant Mrs Minnie Smith
(b) Address 6010 Glen Oak av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md

18 (a) Funeral director Leonard Wright
(b) 1345 Hanford Rd

19 (a) FEB 10 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5 1943 at M

21. I certify that death occurred on the date above stated, that I attended deceased from 2/7 1943 to 2/8 1943 and that I last saw alive on 19

Immediate cause of death: Heart Attack — Duration: 10 hr

Due to Arteriosclerosis — Duration: 10 yr

Due to Age

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: X

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Lustgarten M. D.
Address 1320 Eutaw Date signed

G 00935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 ✓

G 00935 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 DA
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 N. Callington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MORRITZ SCHNEIDER

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-1333

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1864

8. AGE: Years	Months	Days	If less than one day
78	10	1	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name - Schneider
13. Birthplace ?

MOTHER
14. Maiden Name Rebecca -
15. Birthplace Austria

16 (a) Informant Mrs. Freda Schneider
(b) Address 607 Callington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto., Md.

18 (a) Funeral director D. Shaffman & Son
(b) Address 1807 Eutaw Place

19 FEB 10 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1943, at 11:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation ho
Major findings of operation:
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmeber M.D. Medical Examiner.
Date signed Feb 10, 1943

VS 6

Morgue
00936

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00936
CERTIFICATE OF DEATH 163H
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 Maryland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Olive Figgs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 7, 1912

8. AGE: Years	Months	Days	If less than one day hr.	min.
30	4	2		

9. Birthplace Melson England (Town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Joseph Figgs
13. Birthplace England

MOTHER 14. Maiden Name Rosa Parson
15. Birthplace England

16 (a) Informant Mrs. Frances E. Figgs
(b) Address 715 W. Isabella ave Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory Salisbury
Location Salisbury, Md.

18 (a) Funeral director Holloway & Co.
(b) Address Salisbury, Md.

19 (a) 2/10/1943 (Date received by Registrar) (b) Number Wilson Register

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943 at 7 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said ~~inquest~~ autopsy and ~~inquiry~~ find that said deceased came to ~~his~~ her death on the day stated above.

Immediate cause of death Asphyxiation due to carbon monoxide poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Feb. 9 1943 at 7 AM
(c) Where did injury occur? 2026 Maryland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Turned illuminating gas

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 9 1943

VS 6

G 00937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

G 00937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clifton Bacon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Husband

6 (b) Name of husband or wife Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1891

8. AGE: Years	Months	Days	If less than one day
51	4	1	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Samuel A. Bacon

13. Birthplace Md

MOTHER 14. Maiden Name Mary E. Mathews

15. Birthplace Md

16 (a) Informant Anna Bowdley

(b) Address 1425 N. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Balto., Md

18 (a) Funeral director Joseph B. Lankford

(b) Address 1304 N. Central Ave

(b) Huntingtown Williams Md

FEB 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Edema of brain; auto accidental hemorrhage of brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 5 1943 9 P.M.
(c) Where did injury occur? Plate Mill Road (City or town) Calvert (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Patient ran struck by auto

23. Signature Robert C. Jackson M.D. Medical Examiner.

Date signed Feb. 9 1943

VS 6

G 00938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118

G 00938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and John Sts.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 West Mosher Street (If rural give location)
(e) Citizen of foreign country? Not. (Yes or No) If yes, name country

3 (a) FULL NAME Miss Kate Winder Dorsey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1866.

8. AGE: Years	Months	Days	If less than one day
76 75.	4	26 25	hr. min.

9. Birthplace Frederick Co. Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name	Wm. Roderick Dorsey
FATHER 13. Birthplace	Fred. Co. Md.
MOTHER 14. Maiden Name	Ann E. Brashears
MOTHER 15. Birthplace	Fred. Co. Md.

16 (a) Informant Mr. W. Roderick Dorsey Brother
(b) Address 709 Euclid Ave Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 13/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick, Md.

18 (a) Funeral director John D. Mitchell & Son
(b) Address 1916 Eutaw Place

19 (a) FEB 10 1943 (b) (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1943, at 1:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943, to Feb 9 1943, and that I last saw h[illegible] alive on Feb 9 1943.

Immediate cause of death	Duration
Peripheral Circulatory Failure	3 hrs.
Due to Gastric Hemorrhage.	4 days.
Due to Cancer undetermined	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Mildred Keegan M. D.
Address Womans Hospital Date signed 2/10/43

FEB 12 1943

Huntington Williams M.D.

G 00939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

G 00939 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Lanbaine Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5501 Dr. Albons Way (If rural give location)
(e) Citizen of foreign country? (Name of No) If yes, name country

3 (a) FULL NAME Louisa W. Woodward

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife Geo. H. Woodward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1867

8. AGE: Years	Months	Days	If less than one day
76	0	1	hr. min.

9. Birthplace Odessa, Mass. (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name George W. Simpson
13. Birthplace Providence, R.I.

MOTHER
14. Maiden Name Sarah Westcott
15. Birthplace R.I.

16 (a) Informant Lanbaine Memorial Hosp
(b) Address 1000 Eaton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/1943 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cem.
Location Texas, Balto. Co., Md.

18 (a) Funeral director John A. Moran.
(b) Address 4307 Greenmount Ave.

FEB 10 1943 (Date rec'd by registrar) (c) Washington Whitaker, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1943, at 7:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 2/9 1943 and that I last saw her alive on 2/9/ 19 43

Immediate cause of death Hypertensive cardio-Vascular disease, Nephritis, chronic.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Cleaves
Address 5th Surg. Hosp. Date signed 2/9/43

VS 3

G 00940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 00940 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4066 E. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William C. Rupp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Rose M. Rupp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 - 1875

8. AGE: Years	Months	Days	If less than one day
67 67	6	8 7	hr. min.

9. Birthplace Balto! Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER 12. Name John C. Rupp
13. Birthplace Pa.

MOTHER 14. Maiden Name Margaret Golabeck
15. Birthplace Pa.

16 (a) Informant Edward Rupp
(b) Address 3809 Mt. Clavert Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gleyman Hill Rd.

18 (a) Funeral director John G. Connelly
(b) Address Govt Md.

FEB 10 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943, at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (partial) thereon and from the evidence (Autopsy or inquiry) obtained by said autopsy (partial) find that said deceased came (Autopsy or inquiry) to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/8
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 6 1943 at ? M
(c) Where did injury occur? 4066 Lombard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fell down stairs

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Feb. 9 1943

VS 6

G 00911 ✓ G 00911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 946 Brooks Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 946 Brooks Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Reuben Blumberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7636

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hannah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1884

8. AGE: Years	Months	Days	If less than one day
59	-	30	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Salesman

FATHER
12. Name Moses Blumberg
13. Birthplace Russia

MOTHER
14. Maiden Name Freda ?
15. Birthplace Russia

16 (a) Informant Hannah Blumberg
(b) Address 946 Brooks Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) FEB 10 1943 (b) Huntington Willis Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1943, at 3? M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1938 to Feb 8 1943, and that I last saw h[illegible] alive on Feb 9 1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation	2 hrs
Due to Chr. Cardio-Vascular disease	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael M. Hamm M. D.
Address 3760 Eastern Place Date signed Feb 10 43

G 00942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 00942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Granby St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Allen W. Moore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Department of Public Welfare
(b) Address St Paul Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary Cem.
Location Dorsey Hill Road

18 (a) Funeral director John W. Faber
(b) Address 1845 S. Chester Street
19 (a) Filed FEB 10 1943 (b) Registrar Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943, at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Gangrene of left foot — Duration

Due to Generalized arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratton M.D.
Medical Examiner.
Date signed Feb. 9 1943

VS 6

G 00943 ✓ G 00943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 244 S. Collington Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SHERBA, Alexander or Szczerba

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 215-03-0618

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Sherba

6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Not known ?

8. AGE: Years: 45 Months: Days: If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Trackman, B & O RR

11. Industry or business

FATHER
12. Name: John Sherba
13. Birthplace: Russia

MOTHER
14. Maiden Name: Marie ?
15. Birthplace: Russia

16 (a) Informant: Records, U.S. Marine Hospital
(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11-43 (month) (day) (year)
(c) Cemetery or crematory: Holy Trinity Russian
Location: Anne Arundel County

18 (a) Funeral director: John A. Grabiancaffe Jr
(b) Address: 923 S. Race St.

FEB 10 1943 Hattie Worthington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1943, at 12:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1943 to Feb. 8, 1943 and that I last saw him alive on Feb. 8, 1943

Immediate cause of death: ACUTE MYOCARDIAL INFARCTION — Duration: 1 day

Due to: CORONARY THROMBOSIS — 1 day

Due to:

Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature]

Address: US Marine Hospital, Baltimore, Maryland. Date signed 2/8/43

VS 150

1270/

G 00944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No. G 00944

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Cedarcroft Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME "Baby" Forcella (Birth F 677.2)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			10 hr. 10 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Wilfred Strickland
13. Birthplace Alabama

MOTHER
14. Maiden Name Marie Forcella
15. Birthplace West Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 10 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 10 1943 (Date rec'd by registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 19 43, at 12:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 19 43, to Jan. 24 19 43, and that I last saw him alive on Jan. 24 19 43.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Sartwell M. D.
Address Johns Hopkins Hospital Date signed 1-27

VS 8

9813

G 00945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 00945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8112 Cornwall Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME "Baby" Sweiger
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-3-43

8. AGE: Years	Months	Days	If less than one day
			5 hr. 30 min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Sweiger
13. Birthplace

MOTHER
14. Maiden Name Pauline ?
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 10 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 10 1943 (b) Hamilton Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1943, at 11 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert W. Solomon
Address Hopkins Hosp Date signed 2/5/43
M. D.

VS 180

9812

G 00946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

P3a

G 00946 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4260 Sheldon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4260 Sheldon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Daniel Henderson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 24th 1856

8. AGE: Years 86 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name (Not Known) Brushby
13. Birthplace England

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Florence E. Schorr
(b) Address 4260 Sheldon Ave

17 (a) Burial (b) Date thereof 2/10/43
(Burial, ~~cremation or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location " Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

19 FEB 11 1943 (b) Huntington Williams, M.D.
(Date received) Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27 1943, to Feb. 9 1943, and that I last saw her alive on Feb. 6 1943

Immediate cause of death: Cerebral Hemorrhage — Duration, Hrs 2 Days

Due to Hypertension Vascular Disease — —

Due to Arteriosclerosis

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred. F. Tatum M. D.
Address 1400 Eutaw Place Date signed 2/10/43

C 00917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93E

C 00917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion E Luster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband: John A. Luster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25th 1883

8. AGE: Years 59 | Months 1 | Days 14 | If less than one day: hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Unknown Sellers
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant John A. Luster
(b) Address 21 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) FEB 11 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9/43 19 , at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9/43 19 , to 2/9/43 19 , and that I last saw her alive on 2/9/43 19 .

Immediate cause of death Myocardial insufficiency and Pulmonary edema — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James E. Gordon Jr. M. D.
Address Franklin Sq Hosp Date signed

correct age is especially important. Physicians: please write the causes of death clearly and

VS 3

G 00918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 00918 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen. Hospital No
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Carroll St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha S Schrickling

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Married

6 (b) Name of husband or wife: Ernest B Schrickling
6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): July 17. 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	6	26		

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: House Wife
11. Industry or business

FATHER
12. Name: Charles Gleuzer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Hannibal
15. Birthplace: Germany

16 (a) Informant: Ernest B. Schrickling
(b) Address: 1200 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 12. 1943 (month) (day) (year)
(c) Cemetery or crematory: Meadowridge
Location: Dorsey Md

18 (a) Funeral director: Mrs. Md John W. Teufel & Son
(b) Address: 801 W. Lafayette St.

19 (a) (Date rec'd by registrar) FEB 11 1943 (b) Huntington Williams M.D.

VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 9 1943 at 9:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943 to Feb 9 1943 and that I last saw her alive on Feb 9 1943.

Immediate cause of death: Diabetes

Diabetes Mellitus — Duration: 10 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Huntington Williams M.D.
Address: 1213 Light St Date signed: 2/11/43

G 00949 ✓ G 00949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5000 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5000 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANGELA BAKER MAAS

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife F. Leonard Maas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1902

8. AGE: Years 41 | Months 0 | Days 20 | If less than one day: hr. min.

9. Birthplace Midland, Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business --

FATHER
12. Name Walter R. Baker
13. Birthplace Barton, Md.

MOTHER
14. Maiden Name Leah Evans
15. Birthplace England

16 (a) Informant Mr. F. Leonard Maas
(b) Address 5000 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Washington Blvd.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) FEB 11 1943 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to Feb. 9 1943, and that I last saw h[er] alive on Feb 8 1943.

Immediate cause of death: Acute Bilateral Pulmonary TB.

Due to

Due to

Other Conditions Pulmonary Haemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 da.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Bowles M. D.
Address 1713 Frederick Ave Date signed 2/9/43

VS 3

G 00950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3305 Parklawn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Parklawn Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BLANCHE A. BURK

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Rev. Edmund Burk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1870

8. AGE: Years	Months	Days	If less than one day
72	3	17	hr. min.

9. Birthplace Richards Hill, N. J.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Benjamin E. Clark
13. Birthplace Wenonah, N. J.

MOTHER
14. Maiden Name Adeline W. Norris
15. Birthplace Wenonah, N. J.

16 (a) Informant Mrs. Mary B. Ryland
(b) Address 3305 Parklawn Ave.

17 (a) Burial (b) Date thereof 2/11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.
19 FEB 11 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1943 19 at 7:40P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943 to Feb 8 1943 and that I last saw h[illegible] alive on Feb 8 1943

Immediate cause of death	Duration
Bronchial Pneumonia	4 days.
Due to	
Due to	
Other Conditions Bronchial Asthma for 25 yrs.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jacob Tesdon M. D.
Address 1823 N. Mart 24 Date signed 2/10/43

VS 8

428451

G 00951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52a

✓ G 00951

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians:, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wash. Co.
(c) City or town Cascade
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Wagaman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Wagaman
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery or crematory Bethel Cemetery
Location Cascade, Md.

18 (a) Funeral director M L Reager & Son
(b) Address Thurmont, Md.

19 (a) FEB 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1943 at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to Feb 10 1943 and that I last saw him alive on Feb 10 1943

	Duration
Immediate cause of death Uremia	
Due to Renal ~~insufficiency~~ Insufficiency	14 days
Due to	
Other Conditions Hypernephroma with metastases (Left)	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

Date of autopsy Hypernephroma Metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 2/10/43

VS 150

G 00952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 00952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 335 ½ Beach Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 ½ Beach Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN MAY THON

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-03-3563

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick Thon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1887

8. AGE: Years 55 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Mill Worker (Spinner)

11. Industry or business Hooper's Mill

FATHER
12. Name Charles L. Shipley
13. Birthplace Hampstead, Md.

MOTHER
14. Maiden Name Wilhelmina Fowble
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary B. Knickman
(b) Address 2359 Beech ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Jem J. Tyson & Sons
(b) Address 1700 W. Lenna Ave

19 (a) (Date rec'd by registrar) FEB 13 1943 (b) Burington for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1943, at 8:33 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — **Duration**

Due to Arteriosclerosis

Due to

Other Conditions NO

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NO

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wahlemaker M.D. Medical Examiner.

Date signed 2-12-43

VS 6

C 00953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164c

Registered No. C 00953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 North Eaton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N. Eaton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alonzo Goodenough

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Olga
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 6, 1897

8. AGE: Years	Months	Days	If less than one day
45	9	4	hr. min

9. Birthplace: Montpelier, Vt. (Town, county, and state)
10. Usual Occupation: Policeman
11. Industry or business: Balto, Md.

FATHER
12. Name: John F. Goodenough
13. Birthplace: Vermont

MOTHER
14. Maiden Name: Margaret Phillips
15. Birthplace: Vermont

16 (a) Informant: Mrs. Olga Goodenough
(b) Address: 410 N. Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U.S. National
Location Frederick Rd.

18 (a) Funeral director: Wm. Cook Sons
(b) Address: 1 East Lexington St. Funeral on Tuesday

19 (a) FEB 11 1943 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10 1943, at 1.00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
Suicidal to death on the day stated above.

Immediate cause of death	Duration
Gunshot Wound (Mouth)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2/10/43 at 1.00 P M
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gunshot Wound Mouth

23. Signature Hugh B. McKelley M.D. Medical Examiner
Date signed 2/11/43.

VS 6

G 00954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

469

Registered No. G 00954

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Tyndall Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Seabrease

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	

6 (b) Name of husband or wife Bernard Seabrease
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 8 - 1899

8. AGE: Years	Months	Days	If less than one day
43	3	2	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John A Walker
13. Birthplace Va

MOTHER
14. Maiden Name Sallie B. Parr
15. Birthplace Va

16 (a) Informant Mrs Effie N. Hiss
(b) Address 1917 Boland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Uffelfinger Funeral Home
(b) 1917 Boland Ave

FEB 11 1943

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10/1943 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/8 19 43 to 2/10 19 43. and that I last saw h alive on 2/9 19 43.

Immediate cause of death
Cerebral hemorrhage
a metastasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation 1/7/43
Major findings of operation:
Carcinoma of pancreas
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Mason Rust M. D.
Address 1 W Pr Date signed 2/10/43

VS 3

Please see that information should be correctly supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943

G 00955 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 E 36 St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 E 36 St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas M. McCormack

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9, 42

8. AGE: Years	Months	Days	If less than one day hr.	min.
	2	1		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Bernard A. McCormack
13. Birthplace New York N.Y.

MOTHER
14. Maiden Name Hermenia Gill
15. Birthplace Baltimore Md

16 (a) Informant Bernard A.
(b) Address 1004 E. 36 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 11 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mayne Wedefield
(b) Address 201 E. 122nd St.

19 (a) [illegible] (b) Huntington Williams M.D.

FEB 11 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1943 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1943 to Feb 10 1943 and that I last saw h – alive on Feb 9 1943.

Immediate cause of death Strangulation caused by piece of Caseum which Due to Jaundice aspirated in Airway

Due to accidental

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9/3
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Fa Stevens M. D.
Address 2878 Harford Rd Date signed 2 11 43

G 00956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. G 00956

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Argyle ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Argyle ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Scott

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1874

8. AGE: Years	Months	Days	If less than one day
68	1	15	hr. min.

9. Birthplace Baltimore, Md (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Emma Scott
(b) Address 645 Pierce st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) FEB 11 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1943 at 7.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1943 to Feb 9 1943 and that I last saw h[illegible] alive on Feb 9 1943

Immediate cause of death	Duration
(a) Myocarditis	4 yrs
Due to (b) Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 75 [illegible] Date signed 2/11 1943

VS 3

G 00957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d

G 00957
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address, 1520 N. Durham St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 N. Durham. St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Hand,

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: John Hand

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 10th. 1858

8. AGE: Years	Months	Days	If less than one day
84	2	-	hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Patrick Sclar
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Florende Wittig.
(b) Address 1118 NWilcox St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12th 43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmonson Ave.

18 (a) Funeral director Geo, M. Fink & Son.
(b) Address 811. N. Wolfe St.

19 (a) [illegible] (b) [illegible] Registrar

FEB 11 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby, 10th 43. 19 . at 6. A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1943 to Feb 10 1943. and that I last saw h[illegible] alive on Feb 9 1943.

Immediate cause of death: Myocardial Insufficiency. — Duration

Due to

Due to

Other conditions Arteriosclerosis Hypertension y bronchitis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Schenuch
Address 1327 S. Chester St. Date signed 2/10/43

Schenuch

G 00958 ✓ G 00958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2334 N Calvert St -
(c) Hospital or institution:
at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2334 N Calvert St -
(If rural, give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander von Mitzel

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Pauline von Mitzel

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Sept 19 1875

8. AGE: Years 67 | Months 4 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Actuary at the

11. Industry or business Maryland Institute

FATHER
12. Name Alex. von Mitzel
13. Birthplace Germany

MOTHER
14. Maiden Name Minna Fiby
15. Birthplace Pennsylvania

16 (a) Informant Mrs Pauline von Mitzel - wife
(b) Address 2334 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 43 (month, day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Stuart Memorial Co.
(b) Address 1400 Eutaw Pl Baltimore Md

19 (a) FEB 11 1943 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9/43 19 , at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Feb 9 1943, and that I last saw him alive on 2/9/43 19

Immediate cause of death
(a) Coronary Thrombosis — Duration 30 min
Due to Arterio-Sclerosis
Due to Hypertension — Duration Several yrs

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Healy M.D.
Address 1403 Park Ave Date signed 2/9/43

VS 3

G 00959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59a

G 00959 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3703 Frankford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Frankford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Breen McCormick

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	Widowed

6 (b) Name of husband or wife Thos. Henry McCormick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~ 2[illegible]71

8. AGE: Years	Months	Days	If less than one day
71	9	11	hr. min.

9. Birthplace New Haven, Conn.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Breen (1st. name unknown)
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. John Scharman
(b) Address 3703 Frankford Ave.

17 (a) Burial (b) Date thereof 2 12 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Md.

18 (a) Funeral director Sasaa[illegible] Funeral Home
(b) Address 2[illegible] Pennsylvania Ave. Baltimore Md.

19 (a) FEB 11 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9th 19 43 at 2.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1943. to Feb. 8 1943. and that I last saw h alive on Feb 8 19 43.

Immediate cause of death	Duration
Cardiac insufficiency	4 days
Due to Rheumatoid arthritis	20 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Wilkinson
A. L. Wilkinson, M. D.
Address 5713 Bel Air Rd. Date signed 2-9-43.

VS 8

G 00960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42B

G 00960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 E Cross St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 E Cross St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Bayne

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife W Howard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1897

8. AGE: Years 45 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER 12. Name Joseph Mc Nanay
13. Birthplace Md

MOTHER 14. Maiden Name Margaret Smith
15. Birthplace Md

16 (a) Informant W. Howard Bayne
(b) Address 226 E Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Rd

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date received by registrar) FEB 11 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943, at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5 1942 to Feb 8 1943 and that I last saw her alive on Feb. 8 1943.

Immediate cause of death: Acute dilatation of heart — Duration: 2 days
Due to: Mitral Regurgitation — Indef.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Campbell M. D.
Address 1644 Hanover St Date signed 2-10-43

G 00961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

G 00961 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1297 William St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., ~~or days~~) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1297 William St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles B Morris

3 (b) If veteran, name war 1898

3 (c) Social Security Account No. 217-12-2048

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 14 1884

8. AGE: Years	Months	Days	If less than one day
58	10	25	hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace — —

MOTHER
14. Maiden Name — —
15. Birthplace — —

16 (a) Informant Mrs Ernest L Morris
(b) Address 1297 William St

17 (a) Burial (b) Date thereof 2-11-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lincoln Mem
Location Lincoln Ohio

18 (a) Funeral director William M Marack
(b) Address 744 Light St

19 (a) FEB 11 1943 (b) Huntington Williamsport, Md
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24/43 19 to Feb 9/43 19
and that I last saw him alive on Feb 4/43 19

Immediate cause of death
Chronic Nephritis
Due to
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration
Few Weeks

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Tony D Kaltsounis MD
Address 1043 Light St Date signed Feb 10 1943
Baltimore

G 00962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 00962 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. of
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 McElderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Elizabeth Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Harris
13. Birthplace Va

MOTHER
14. Maiden Name Martha ?
15. Birthplace Va

16 (a) Informant Elizabeth Harris
(b) Address 1609 E Chase St

17 (a) Burial (b) Date thereof Feb 12-1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md

18 (a) Funeral director Robert E Williams
(b) Address 15-15 McElderry St

19 (a) FEB 11 1943 Huntington Md
(Date received by registrar) Registrar's No.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1943, at 8 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his jury & his inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said his jury & his inquest and that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardio vascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Scarlett M.D.
Medical Examiner.
Date signed Feb. 4 1943

G 00963 ✓ G 00963

AB-79847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Wilkins Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosie Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Aron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17-1883

8. AGE: Years	Months	Days	If less than one day
60	7	27	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Wolmoegth
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-43 (month) (day) (year)
(c) Cemetery or crematory Bals. Hebrew Cem
Location Belair Rd.

18 (a) Funeral director Jacob Levin Inc
(b) Address 1439 E. Balto. St

19 (a) [illegible] (b) Huntington Mills [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1943, at 1 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1943, to 2-10 1943, and that I last saw h alive on 2-10 1943.

Immediate cause of death
Uremia — Duration ?
Due to Arteriosclerosis, gen. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-10-43

00964 BALTIMORE CITY HEALTH DEPARTMENT G 00964

CERTIFICATE OF DEATH 467

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: UNION MEMORIAL HOSPITAL 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County HARFORD.
(c) City or town WHITEFORD
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELBERT SIDNEY HALE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 20, 1871

8. AGE: Years	Months	Days	If less than one day
71	9	20	hr. min.

9. Birthplace VIRGINIA (Town, county, and state)
10. Usual Occupation FARMER
11. Industry or business

FATHER
12. Name FLETCHER HALE
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name SARAH WYNN
15. Birthplace VIRGINIA

16 (a) Informant Mrs E S Hale
(b) Address Whiteford Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1943 (month) (day) (year)
(c) Cemetery or crematory Fairmount
Location Whiteford Md, RD

18 (a) Funeral director Herbert P Hopkins
(b) Address Delta Pa.

FEB 11 1943 (Date received by Registrar) Thurlington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 10 1943 at 11 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1943 to Feb 10 1943, and that I last saw him alive on Feb 9 1943.

Immediate cause of death CARDIO-RESPIRATORY FAILURE — Duration

Due to PNEUMONIA

Due to Carcinoma of rectum

Other Conditions Gen Carcinomatosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathaniel Forfes
Address Union Mem. Hospital Date signed 2/10/43

G 00965 ✓ G 00965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1738 Orleans av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State [redacted] (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 Orleans av (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Lee Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Alfred Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29, 1881

8. AGE: Years 61 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Raleigh N.C. (town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Henry Walker

13. Birthplace Wake Co N.C.

MOTHER 14. Maiden Name Dollie Thompson

15. Birthplace Raleigh N.C.

16 (a) Informant Eugene Simms

(b) Address 1738 Orleans av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location

18 (a) Funeral director Mrs Katie P. Williams

(b) Address 3221 N Schroeder St

19 (a) FEB 11 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1943 12:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to Feb 7 1943 and that I last saw him alive on Feb 7 1943

Immediate cause of death: Bronco pneumonia — Duration 2 yrs

Due to:

Due to:

Other Conditions: Hypertension — 2 yrs

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wilburn H Watts

Address 515 Edmondson av Date signed Feb 12/43 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

C-00966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. C-00966

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 W. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife 1

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Calvert County Md. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Clara Gross
15. Birthplace Calvert County Md

16 (a) Informant Mrs. Katie Miller
(b) Address 1221 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address [redacted] Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943, at 9:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma of stomach	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gratton M.D. Medical Examiner.
Date signed Feb. 9 1943

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 20937

00957

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 707 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 650 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bruce Cannon 69356

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1921

8. AGE: Years	Months	Days	If less than one day
22	0	15th	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name (step-father) Lacy Davis
13. Birthplace Md.

MOTHER — 14. Maiden Name Emma Lewson
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halsted
(b) Address 9 W. Saratoga St.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

FEB 11 1943

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1943, at 2:05PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 19 43 to Feb. 2 1943, and that I last saw h[illegible] alive on Feb. 2 19 43

Immediate cause of death — Duration

Pulmonary tuberculosis — 5 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.S. Hartz
Address Balto City Hosp Date signed 2/3/43 M. D.

G 00968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 00968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary C. Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1870

8. AGE: Years 72 | Months 2 | Days - | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Miss Rosa Stewart
(b) Address 822 N. Carrollton Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsely
(b) Address 578 W. Biddle St

19 (a) Filed FEB 11 1943 (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10-43 19 at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1943 to 2-10 1943, and that I last saw h[illegible] alive on 2-10 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 14 days

Due to Essential Hypertension — Duration ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Marmaduke, M.D.

Address 844 N. Carey St Date signed 2-11-43

G 00969 ✓ G 00969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 W. Lafayette Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 W. Lafayette Av. (If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Maria Hill

3 (b) If veteran, name war ..... 3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife William Hill
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58			hr. ..... min.

9. Birthplace Chestertown, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bill Floyd
13. Birthplace .....

MOTHER
14. Maiden Name Clare ?
15. Birthplace .....

16 (a) Informant Mrs. William D. Hill
(b) Address 1631 W. Lafayette Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location .....

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Date received (By registrar) Harrington-Williams Mfg. Co.
B 1 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1943, at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1943, to 2-10 1943, and that I last saw h[illegible] alive on 2-10 1943.

Immediate cause of death (Pulmonary Tuberculosis) — Duration 7 d

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J. L. Mezzanotte M. D.
Address 844 N. Carey St. Date signed 2-11-43

G 00970 ✓ G 00970

Alls-78930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 N

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 S. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Buck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12-1882

8. AGE: Years	Months	Days	If less than one day
61	2	30	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Street Cleaning Dept.,
11. Industry or business Baltimore City

FATHER
12. Name Benjamin Buck
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Bushman
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb 11. 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore and Pulaski Road

18 (a) Funeral director Waudell & Lippard
(b) Address 312 S. Highland Ave Huntingtown Williamsport, Md.

19 (a) FEB 11 1943 (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1943. at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1943 to 2-2 1943. and that I last saw him alive on 2-2 1943.

Immediate cause of death Uremia — Duration ?

Due to Arteriolar nephrosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Yes Dow

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Rollston M. D.
Address Balto City Hosp Date signed 2-10-43

G 00971 ✓ G 00971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 MAYFIELD AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME [redacted] (CORRECT NAME CHARLES DREXLER)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: ANNA M. DREXLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 6 1854

8. AGE: Years 88 | Months 9 | Days 2 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation RETIRED WEAVER

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant CATHERINE A. ENDERS (DAUGH
(b) Address 2808 MAYFIELD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 12/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lillyard Geiler Inc
(b) Address 403 S. WOLFE ST.

FEB 11 1943 (Signature of Registrar) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 — 1943 at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7 1943 to 2/8 1943 and that I last saw him alive on Feb 8 1943.

Immediate cause of death: (a) Chronic Nephritis
Due to: (b) Sepsis
Due to: Hypertrophy prostate
Other Conditions: Inguinal hernia (Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuerting M.D.
Address St. Joseph's Hosp. Date signed Feb 9 1943

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00972 ✓ G 00972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 S. BOULDIN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 232 S. BOULDIN ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET A. MARTINI

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: ANDREW MARTINI

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAR. 24 1878

8. AGE: Years: 64 Months: 10 Days: 15 If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: HENRY ZINKAND
13. Birthplace: BALTO. MD.

MOTHER
14. Maiden Name: SOPHIA SANDERS
15. Birthplace: GERMANY

16 (a) Informant: MARIE SWANSOS (DAUGHTER)
(b) Address: 232 S. BOULDIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 12/43 (month) (day) (year)

(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE. EXT.

18 (a) Funeral director: Lilyard Zeiler INC.
(b) Address: 403 S. WOLFE ST.

FEB 11 1943 (Date received by registrar) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: FEB. 8 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to Feb 8 1943 and that I last saw her alive on Feb 8 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: John J. Gould M. D.

Address: 14 N. Castle Ave. Date signed: 2-9-43.

G 00973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 N. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 N. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ada L. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1895

8. AGE: Years	Months	Days	If less than one day
47	10	22	hr. min.

9. Birthplace Cambridge Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Pete Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Conway
15. Birthplace Md.

16 (a) Informant Mary Williams
(b) Address 1517 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott & Dgt.
(b) Address 2129 N. Carrollton St.

19 (a) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

FEB 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1943, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Feb. 9 1943. and that I last saw her alive on Feb. 9 1943.

Immediate cause of death: Pneumonia — Duration: 4 days

Due to Hypertensive Cardio-Vascular Disease ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. K. Adams M. D.
Address 2222 N. Carrollton Ave. Date signed 2-11-43.

VS 180

G 00974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00974 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 E. Preston St.
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Distance

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 17, 1876

8. AGE: Years	Months	Days	If less than one day
66	5	22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Young
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Daniel Distance
(b) Address 1710 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott & Dgt
(b) 1129 N. Carolina St.
FEB 11 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 9 1943, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB. 9 1943 to FEB 9 1943, and that I last saw h.e. alive on FEB 9 1943.

Immediate cause of death Coronary Occlusion (Thrombosis) — Duration 3 hrs.
Due to Myocarditis
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Lefores M.D.
Address 822 N. Bond St Date signed 2/9/43

Approved: Henry Reed Hoffman M.D. per Reed Hoffman M.D.

VS 250

G 00975

T.N 79690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1642 S. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Kehs

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Jennie De F Kehs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov, 8, 1874

8. AGE: Years	Months	Days	If less than one day
68	3	2	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name David Kehs
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Maggie Miller
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location

18 (a) Funeral director Bernard E. Hartle
(b) Address 121 E West St
(c) Huntington Williams M.D. (Signature)

FEB 11 1943 (Date rec'd by registrar)

VE 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1943 at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1943 to 2-10 1943 and that I last saw h alive on 2-10 1943

Immediate cause of death Cardiac failure — Duration ?
Due to Hypertension C.V. disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-11-43

G 00976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 00976

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 Fleet Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Victoria Drzewiecki

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 26, 1878

8. AGE: Years 64 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ------- Wojszczok
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Anthony Drzewiecki
(b) Address 1911 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski Sons
(b) Address 1808 Eastern Ave.

19 (a) FEB 11 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1943, at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1943 to Feb. 8 1943, and that I last saw h[illegible] alive on Feb. 8 1943.

Immediate cause of death: Lobar Pneumonia — Duration: 1 week
Due to
Due to
Other Conditions: Diabetes Mellitus, Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fueting, M.D.
Address St. Joseph's Hosp. Date signed 2-8-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

G 00977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 W

G 00977

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2509 Morgan Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days) Died

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name town)
(d) Street No. 2509 Morgan Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 / 2 / 42

8. AGE: Years | Months: 3 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Oscar L. Johnson
13. Birthplace: Va

MOTHER
14. Maiden Name: Thelma Simpson
15. Birthplace: Md

16 (a) Informant: Thelma Johnson
(b) Address 2509 Morgan Av

17 (a) Burial (b) Date thereof 2-12-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory: Mt Auburn Cem
Location: Balto City

18 (a) Funeral director: Isaac L. Brown & Son
(b) Address 109 W Monument St

19 FEB 11 1943 (b) Huntington Williams, M.D.
(Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10/43, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7/43 to 2/10/43 and that I last saw him alive on 2/10/43

Immediate cause of death

	Duration
(a) Gastro-Enteritis	5 days
Due to (b) Pneumonia	
Due to (c) Premature birth	3 hrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: H. Hartman Kline M.D.
Address 450 Ver Brigade Date signed 2/11/43

VS 3

Please write clearly with pen and ink. Use no abbreviations. If unknown, state so. Information should be furnished by those best qualified. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 N. Caroline (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles E. Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-8268

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Hanna Bell Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
72	6	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Alexandria Moore
13. Birthplace St Michael Md

MOTHER 14. Maiden Name Elizabeth Griffin
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Hanna Bell Moore
(b) Address 1215 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 2 (day) 14 (year) 43

(c) Cemetery or crematory Mt Calvary
Location Brooklyn, A.A. Co. Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

Filed FEB 17 1943 Registrar Washington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943 at 8:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1943 to Feb. 9 1943 and that I last saw him alive on Feb 9 1943

Immediate cause of death Cerebral Hemorrhage
Hypertension
Due to Cardio Vascular Disease

Duration 2 days
7

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. K. Adams M. D.
Address 1222 N Caroline Date signed 2-11-43

G 00979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00979 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Huntington (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 - 6th Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME WILLIE JONES

3 (b) If veteran, name war

3 (c) Social Security Account No. 234-06-7448

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8th 1907

8. AGE: Years	Months	Days	If less than one day
35	6	1	hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name M L Jones
13. Birthplace Kentucky

MOTHER
14. Maiden Name Rosie Kendall
15. Birthplace Kentucky

16 (a) Informant Mr Jones
(b) Address Huntington W Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11th 1943 (month) (day) (year)

(c) Cemetery or crematory
Location Huntington W. Va

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Pratt Park Ave

FEB 11 1943 (Date received by registrar) Huntington, Williamson, W.Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9th 1943, at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Pneumonia Hemorrhage — Duration
Due to Chronic alcoholism
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wellenmeier M.D. Medical Examiner.
Date signed 2-10-43

VS 4

G 00980

T.N 79717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1160W

Registered No. G 00980

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Baltimore City Hospitals
(c) Hospital or institution: 4940 Eastern Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days): 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 606 N. Montford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Baby Boy (Doby Mother Marian Doby

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	N.B

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 9th, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace: Baltimore Maryland
(Town, county, and state)

10. Usual Occupation:

11. Industry or business:

FATHER
12. Name: Daniel Doby
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Marian Dillard
15. Birthplace: Maryland

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 11/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Lowell Cem.
Location: E. Donnell St.

18 (a) Funeral director: John F. Miller
(b) Address: 2334 Jefferson St.

19 (a) 2-11-1943 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 10 1943 at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1943 to 2-10 1943 and that I last saw him alive on 2-10 1943

Immediate cause of death: Intra-cranial hemorrhage — Duration: 36hrs.

Due to: Prolonged labor

Due to: Uterine inertia

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Geoffrey T. Dolen M. D.
Address: City Hosp. Date signed: 2-11-43

G 00981

G 00981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 15

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700-Harford Rd.
(c) Hospital or institution: Snyder Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-yr
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2306-Anoka Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Jennie B. Blondheim

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife. Louis S. Blondheim
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 10/7/1860

8. AGE: Years	Months	Days	If less than one day
82	4	3	- hr. ------ min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Knorr
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Caroline (Leach)
15. Birthplace Baltimore, Maryland.

16 (a) Informant Mrs. James H. Pollack
(b) Address 2306-Anoka Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Eastern Av. Balto. MD.

18 (a) Funeral director George B. Ruth Emp.
(b) Address 1725-Harford Ave.

19 (a) ____ (b) ____ Registrar

FEB 11 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1943 at 12:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1943 to Feb 9 1943 and that I last saw her alive on Feb 9 1943

Immediate cause of death Cerebral hemorrhage — Duration 3 days

Due to Chronic myocarditis

Due to Hypertension (Malignant)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harrold M. D.
Address 4706 Harford Road Date signed 2/10/43

Please answer questions; WRITE UNAVAILING INA. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 00932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G 00932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 876 Washington Blvd
(c) Hospital or institution: Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~Doctors Hospital~~ 1099 W. Lombard St.
(Rural route number)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Dahmer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Herman Ralph Dahmer
13. Birthplace Upper Track W. Virginia

MOTHER
14. Maiden Name Mattie Lou Maddox
15. Birthplace Lowesville Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL FEB 11 1943
Commissioner of Health

18 (a) Funeral director
(b) Address Huntington Williams, M.D.

19 (a) FEB 11 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1943, to Feb 6 1943, and that I last saw him alive on Feb 6 1943.

Immediate cause of death	Duration
Congenital Heart Disease.	
Due to —	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Gain M. D.
Address 876 Wash. Blvd Date signed 2/9/43

VS 1

9820

00983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) 1d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 W Saratoga St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carroll Coates

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-5-43

8. AGE: Years | Months | Days | If less than one day: 16 hr. 0 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John
13. Birthplace Md

MOTHER 14. Maiden Name Lillian Walker
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery UNIVERSITY MEDICAL SCHOOL FEB 11 1943
Location Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 11 1943 Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1943 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1943 to 2-6 1943 and that I last saw her alive on 2-6 1943

Immediate cause of death: Atelectasis — Duration

Due to: Prematurity

Due to:

Other Conditions: Hemorrhage from Umbilical Cord. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Carey MD M. D.
Address University Hosp Date signed 2-7-43

VS 180

9819

0984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/168

Registered No. G 00984

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM R. SNYDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace
(Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 11 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 11 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1943, at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence Jan 24 1943 at M
(c) Where did injury occur? Home and Fayette St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Outdoor While at work?
(Specify type of place)
(e) Means of injury fall to pavement during

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 1-28-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

9818

00985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 777

G 00985 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2415 E. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN KATES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL FEB 11 1943

18 (a) Funeral director Commissioner of Health

(b) Address FEB 11 1943 Washington Williams M.D.

19 (a) (Date rec'd by registrar) (b) Registrar. 1981

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1943, at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic alcoholism — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 1-29-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly

C 00986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 00986 / 170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford Co.
(c) City or town Belair
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerry North

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 11 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 11 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943, at 11 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Lober pneumonia — Duration

Due to acute myocarditis & stroke

Due to Injured by horse.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 22 1943 at ? M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Injured by horse

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed Jan 28 1943

VS 6

9516

G 00937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 00937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2226 Callow Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Callow Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 11 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 11 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1943, at 10.55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to ~~my~~ death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Jackelly M.D. Medical Examiner.
Date signed 2/1/43.

9815

G 00988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 832

G 00988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Rd.
(c) Hospital or institution: Harford Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kathryn (Katie) Krebs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 15, 1867

8. AGE: Years	Months	Days	If less than one day
75	8	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John G. Krebs
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Kirschner
15. Birthplace Germany

16 (a) Informant Mr. Edward Krebs (Brother)
(b) Address 1113 Hanover St, Balto, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director G. A. Bouvard Evans
(b) Address 1400-02 N. Pulaski St.

19 (a) Filed [illegible] 1943 Registrar

FEB 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1943, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1942 to Feb. 9 1943 and that I last saw her alive on Feb. 9 1943.

Immediate cause of death: Exhaustion — Duration: 2 days
Due to: Cerebral Hemorrhage (Ondef.)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. O. Campbell M. D.
Address 1649 Hanover St Date signed 2-10-43

FP 150

G 00989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G 00989 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Mt. St. Agnes Convent
(c) Hospital or institution: Mount Washington
(d) Length of stay in hospital or inst. (yrs., mos., or days): ----
(e) Length of stay in Baltimore (yrs., mos., or days): 56 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: ------
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: -------
(e) Citizen of foreign country? ----- (Yes or No) (If rural give location)
If yes, name country: -----

3 (a) FULL NAME: Sister Mary Thomas Smyth R. S. M.

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ---------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.): May 2, 1886

8. AGE: Years 56 | Months 9 | Days 8 | If less than one day -- hr. --- min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Sister of Mercy

11. Industry or business: ---------

FATHER
12. Name: William Smyth
13. Birthplace: -------

MOTHER
14. Maiden Name: Sarah ------
15. Birthplace: -------

16 (a) Informant: Sister Mary Ellen Marie
(b) Address: Mt. St. Agnes Convent

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. St. Agnes
Location: Mt. Washington

18 (a) Funeral director: H. W. Means & Son
(b) Address: 805 N. Calvert Street

19 (a) [illegible] (b) Huntington Williams MD

FEB 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 10 1943, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1943, to Feb 10 1943, and that I last saw h[illegible] alive on Feb 9 1943.

Immediate cause of death: Mitral Insuffic[illegible] Interval between onset and death

Due to: ---

Due to: ---

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operations:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ---
(b) Date of occurrence: --- at ---- M
(c) Where did injury occur? --- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. E. Hurley

Address: 170 Gilsey Ave. Date signed: 2/10/43 M. D.

G 00990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 00990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 4703 Hampnett Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PETER JACOB BERENDS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Reginia Berends
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1.1868

8. AGE: Years	Months	Days	If less than one day
75	1	7	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Millwright

FATHER
12. Name Bernhard Berends
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Wm. H. C. Berends
(b) Address 4302 Arabia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Lot 328

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 FILED 2-11-1943 Huntington Nilhgreen

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943. at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942 to Feb. 8. 1943 and that I last saw him alive on Feb. 4 1943.

Immediate cause of death: Gangrene left leg — Duration: 4 Months
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4508 Hayford Rd Date signed 2-10-43

G 00991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V83a

G 00991 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. Do not use abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 147 N. Linwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 147 N. Linwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William B Birthistle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Mary Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1864

8. AGE: Years	Months	Days	If less than one day
78	6	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business Government

FATHER
12. Name Patrick Birthistle
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Byrne
15. Birthplace Ireland

16 (a) Informant Winifred E. Birthistle
(b) Address 147 N. Linwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 - 43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 11 1943 Huntington Hillsdale, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1943 to Feb 8 1943 and that I last saw h[illegible] alive on Feb 8 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Vahey M.D.
Address 1932 E. Broadway Date signed 2/13/43

G 00992

G 00992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Mount Airy
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. D.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Olaf Gosnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) May 27, 1906

8. AGE: Years	Months	Days	If less than one day
36	8	12	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Francis E. Gosnell
13. Birthplace Maryland

MOTHER
14. Maiden Name Nellie Hyatt
15. Birthplace Maryland

16 (a) Informant Mrs. Mary Gosnell
(b) Address Mt. Airy. Md.

17 (a) Burial (b) Date thereof 2-12-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Taylorsville
Location Taylorsville, Carroll Co. Md.

18 (a) Funeral director C. M. Wallis
(b) Address Huntingtown, Prince Georges, Md.

19 FEB 11 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1943 at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1943 to Feb 9 1943, and that I last saw him alive on Feb 9 1943.

Immediate cause of death Pneumonia, lobar, Rt. lower + Lt upper lobes — Duration about 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elizabeth B. Gosnell M. D.
Address University Hospital Date signed 2-9-43

VS 189

G 00933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 00933

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 Light Sts.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 E. Harvey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John HAGGERTY

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Bertha Neugebauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/13/1916

8. AGE: Years	Months	Days	If less than one day
26	1	27	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name John W. Haggerty
13. Birthplace Pa.

MOTHER
14. Maiden Name Mathilda Shappard
15. Birthplace Pa.

16 (a) Informant Family
(b) Address 619 Harvey St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway

18 (a) Funeral director I. Few McCully
(b) Address 130 E. Fort Ave.

19 FEB 11 1943 (b) Registrar Huntington Williams, M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1943, at 4.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1943 to Feb. 10 1943 and that I last saw him alive on Feb. 10 1943.

Immediate cause of death	Duration
Rheumatic Carditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Goodwin Zapp M. D.
Address 213 Light St Date signed 2/10/43

0994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109 G 00994 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Always

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 East 28 Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Zarbas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Mason

11. Industry or business

FATHER
12. Name Kyrgis Zarbos
13. Birthplace Greece

MOTHER
14. Maiden Name Georgia Condos
15. Birthplace Greece

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn md

18 (a) Funeral director Albert W Berry
(b) Address 440 E North Ave

19 (a) (Date received by Registrar) (b) Huntington Williams M.D. Registrar

FEB 10 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1943, at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from February 5 1943 to February 9 1943, and that I last saw h alive on February 7 1943.

Immediate cause of death: Pneumonia

Due to (a)

Due to (b)

Other Conditions Bronchial Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Stegmaier M. D.
Address Mercy Hospital Date signed Feb. 9, 1943

00995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

C 00995

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD SALEMI

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-18-5370

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1924

8. AGE: Years	Months	Days	If less than one day
18	4	14	hr. min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Biagio Salemi
13. Birthplace Italy

MOTHER
14. Maiden Name Jennie Scollo
15. Birthplace Italy

16 (a) Informant Mr Biagio Salemi
(b) Address 802 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Albert W. Berger
(b) Address 440 E. North Ave

19 (a) FEB 12 1943 (Date received by registrar) Registrar for Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 9 1943, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943 to Feb 9 1943, and that I last saw him alive on Feb 9 1943.

Immediate cause of death	Duration
Pulmonary edema	
Due to Rheumatic Heart Disease	
Due to	
Other Conditions Pneumonia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jimmy Robert Scott, M.D.
Address Sinai Hosp. Date signed 2/9/43

VS 3

Please write plainly, with unfading ink. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00996 G 00996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 157 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cooper Apartments.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Reed Hyde Adams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9th 1943

8. AGE: Years	Months	Days	If less than one day
	11	2	hr. min.

9. Birthplace Baltimore Annapolis Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Reed Adams
13. Birthplace West Virginia

MOTHER
14. Maiden Name Katherine Hyde
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory Naval Academy
Location Annapolis Md.

18 (a) Funeral director McClean Cook Inc
(b) Address 127 St. Paul St

19 (a) FEB 12 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1943 to Feb. 10 1943, and that I last saw him alive on Feb 10 1943.

Immediate cause of death
Pneumonia
Due to Meningocele, which was operated on.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 1-21-43
Major findings of operation: Spina bifida, meningocele.
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B. Miller Med. M. D.
Address Mercy Memorial Hospital Date signed 2-12-43

VS 150

C 00997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 00997 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Evesham Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES A BRODIE

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of ~~husband or~~ wife Lillian I. Brodie
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) April 2nd 1884

8. AGE: Years	Months	Days	If less than one day
58	10	9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Bending Operations

FATHER
12. Name Alexander Brodie
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ella Ledley
15. Birthplace Balto. Md.

16 (a) Informant Lillian I. Brodie
(b) Address 501 Evesham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto. Md.

18 (a) Funeral director Wilkinson Cook Inc.
(b) Address 1217 St. Paul St

19 FEB 12 1943 Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1943 at 1:53 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Williams M.D.
Medical Examiner.
Date signed 2-11-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Surname G 00938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1634

G 00938
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hosp. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Antonie E. Sporman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Walter H. M. Sporman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3-1897

8. AGE: Years	Months	Days	If less than one day
45	2	6	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business —

FATHER
12. Name Herman Petri
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant 1622 Hollins St
(b) Address Walter H. M. Sporman

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 12-1943 (month) (day) (year)
(c) Cemetery or crematory Good. Sheppard
Location Howard County

18 (a) Funeral director Harry A Wilhelm
(b) Address 401 Edmondson Ave Huntington Station, Md.

19 FEB 12 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943, at 3 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an the gross & the operation thereon and from the evidence (Autopsy or Inquiry)
obtained by said the gross & the operation (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxiation due to carbon monoxide	
Due to illuminating gas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Feb. 9 1943 at M
(c) Where did injury occur? 1622 Hollins St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify home or other)
(e) Means of injury Inhaled illuminating gas
23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 9 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

G 00999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 00999

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 1434
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~Bronxx~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1750 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CELESTE ECKELMAN

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1858

8. AGE: Years 85 (?) | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Dressmaking (retired)

11. Industry or business

FATHER
12. Name ~~Herman~~ B. Eckelman
13. Birthplace ~~Unknown~~ Germany

MOTHER
14. Maiden Name Unknown (Anna)
15. Birthplace ~~Unknown~~ Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Signature of registrar) FEB 12 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1943, at 11:30 ~~AM~~ PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8-43 19 , to 2-10-43 19 , and that I last saw h~~im~~er alive on 2-10-43 19 .

Immediate cause of death	Duration
Broncho-pneumonia	24 hrs.
Hypertensive cardio-vascular	Unk.
Due to disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at ~~AM~~ PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. L. Schmidt M. D.

Address Balto. City Hospts. Date signed 2-11-43

VS 150

G 01000 — BALTIMORE CITY HEALTH DEPARTMENT — G 01000

CERTIFICATE OF DEATH 1937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Queen Anne's
(c) City or town Centreville
(If outside city or town limits, write RURAL and give town.)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Teresa V. Rhodes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife SAMUEL THOS. RHODES
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 9 1868

8. AGE: Years	Months	Days	If less than one day
74	2	21	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Amadeus Boyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Golden
15. Birthplace Pennsylvania

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory CHESTERFIELD
Location CENTREVILLE MD

18 (a) Funeral director Chas. D. Evans Son
(b) Address 119 N. Mt. Royal Ave

19 (a) (Date received by Local Registrar) FEB 18 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1943, at 10th AM

21. I certify that death occurred on the date above stated; that I attended deceased from February 1943 to Feb. 10 1943, and that I last saw h alive on Feb 10 1943.

Immediate cause of death
(a) Acute Cardiac Failure
Due to Arteriosclerotic Cardio-Vascular disease.
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Steigmaier M. D.
Address Mercy Hospital Date signed Feb. 10

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G 01001 #4 BALTIMORE CITY HEALTH DEPARTMENT G 01001

CERTIFICATE OF DEATH

Registered No. 1208

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil
(c) City or town Elkton (If outside city or town limits, write RURAL and give town)
(d) Street No. 168 West Main Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME ABRAHAM SOLOMON

3 (b) If veteran, name war: VA
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Marian Smith
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) May 19, 1894

8. AGE: Years	Months	Days	If less than one day
48	8	22	hr. min.

9. Birthplace Madba, Syria (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Salita Solomon
13. Birthplace Madba, Syria

MOTHER
14. Maiden Name Unknown
15. Birthplace Madba, Syria

16 (a) Informant Recorde-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 16 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Elkton, Md.

18 (a) Funeral director H. M. Pippin & Son
(b) Address Elkton Md

19 (a) FEB 12 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1943 at 1:35p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9, 1943 to Feb. 11, 1943 and that I last saw him alive on Feb. 11, 1943

Immediate cause of death: Left upper broncho-pneumonia, acute — Duration: Term.
Due to Localized peritonitis — 1 mo.
Due to Chronic ulcerations of ilium and jejunum with small ~~multiple~~ perforations — Unk.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations None
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Carter
Address US Marine Hospital, Baltimore, Maryland. Date signed 2/11/43

C 01002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

C 01002 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 S. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Bernice Meade.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1942

8. AGE: Years	Months	Days	If less than one day
	76	7	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Jackson

13. Birthplace Md.

MOTHER 14. Maiden Name Beatrice Meade

15. Birthplace Md.

16 (a) Informant James Jackson

(b) Address 123 S. Caroline St

17 (a) Burial (b) Date thereof 2/13/43 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address

19 (a) FEB 12 1943 (b) [illegible] Registrar (Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1943, at 7:20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Natural death on the day stated above.

Immediate cause of death Bronchio-pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh V. McNally M.D. Medical Examiner.
Date signed 2/7/43

VS 6

429574 G 01003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 01003

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Underline the correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Shaw.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/10/65

8. AGE: Years	Months	Days	If less than one day
77	8	-	hr. min.

9. Birthplace N. Ca. (Town, county, and state)

10. Usual Occupation
11. Industry or business Unemployed

FATHER
12. Name Andre Shaw
13. Birthplace N. Ca.

MOTHER
14. Maiden Name Minerva Smith
15. Birthplace N. Ca.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address [illegible] Brandt Ave

19 (a) FEB 12 1943 (Delivered by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10 1943. at 3 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1943. to Feb 10 1943. and that I last saw h. alive on Feb 10 1943.

Duration
3 Days

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis & Hypertensive Cardiovascular
Due to Disease
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hospital Date signed 2/10/43.

VS 180

G 01004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 01004 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3513 40th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-4
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3513 40th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Edward Chase

3 (b) If veteran, name war None

3 (c) Social Security Account No. 218-09-8663

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Mrs Rob Case

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6th 1886

8. AGE: Years 56 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Massachusetts (Town, county and state)

10. Usual Occupation Steam fitter.

11. Industry or business Ship Yard.

FATHER
12. Name Unknown.
13. Birthplace

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant Mrs Rob Chase
(b) Address 3553 40th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Park Heights
Location Brunswick Md.

18 (a) Funeral director C. N. Lute & Bro
(b) Address Brunswick, Md.

19 (a) (Date received) FEB 13 1943 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/12 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to Feb 12 1943, and that I last saw living alive on 2/12 1943

Immediate cause of death Heart Failure due
Due to Hypertensive Cardio vascular disease
Due to
Other Conditions Ca of stomach

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond Rubenstein M. D.
Address 203 Oct Ave Date signed

#29710

G 01005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54B

G 01005 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif (b) County
(c) City or town Pomona (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Laurel Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Norman Harold Sweed

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-13-39

8. AGE: Years 4 | Months - | Days 28 | If less than one day hr. min.

9. Birthplace Calif (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Sweed
13. Birthplace Russia

MOTHER 14. Maiden Name Francis Frumkin
15. Birthplace Russia

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17. Removal ~~or Burial~~ to thereof 2/15/43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ?
Location Los Angeles, Calif.

18 (a) Funeral director Ulrich Sorrick Inc
(b) Address 1902 Eutaw Pl. Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1943 at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1943 to Feb 10 1943 and that I last saw him alive on Feb. 10 1943

Immediate cause of death: Brain Tumor (malignant)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-10-43

Major findings of operation: Brain Tumor

of autopsy: Not done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Stewart M. D.
Address J. H. H. Date signed 2/15/43

G 01006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Eutaw Place. Marlborough Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. Eutaw Place + W. Lanvale (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HANNAH MENDELS WEINBERG

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 2, 1871.

8. AGE: Years	Months	Days	If less than one day
71	11	9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mendel Mendels,
13. Birthplace Germany.

MOTHER
14. Maiden Name Henrietta Appel,
15. Birthplace Germany.

16 (a) Informant Mr. A. Mendels,
(b) Address Marlborough Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2. 12. 43. (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son.
(b) Address 1902 Eutaw Place

19 (a) FEB 12 1943 [illegible] for Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11th. 1943, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2, 1942 to Feb. 11 1943, and that I last saw h[illegible] alive on Feb. 11 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage or hemorrhage	3 hours
Due to Cerebral arterio sclerosis	5 yrs. +
Due to	
Other Conditions Arterio sclerosis with hypertensive infarction (Include pregnancy within 3 months of death)	4 yrs

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles F. Austrian M. D.
Address 1417 Eutaw Place Date signed Feb. 11 1943.

AUSTRIAN

G 01007 WIGGINS G 01007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 832a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1371 Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1371 Stricker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mayter Wiggins
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Platt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1898

8. AGE: Years 44 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name R. C. Chamberlain
13. Birthplace Va

MOTHER
14. Maiden Name Antan
15. Birthplace Va.

16 (a) Informant Platt Wiggins
(b) Address 1371 Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman

19 (a) FEB 12 1943 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/4 1943 to 2/11 1943, and that I last saw h alive on 2/11 1943

Immediate cause of death Duration
Central Apoplexy
Due to Paralysis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Nature of injury
Signature Burkett M. D.
Address 139 Dru[illegible] Date signed

VS 8

G 01008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 460

G 01008

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and concisely.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 HANOVER ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 HANOVER. ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN D GOELLER.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MAGDALENA GOELLER
6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) NOV. 4 1871

8. AGE: Years	Months	Days	If less than one day
71	3	4	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business —

FATHER
12. Name JOHN GOELLER.
13. Birthplace GERMANY.

MOTHER
14. Maiden Name ANNA M. EICHORN
15. Birthplace GERMANY

16 (a) Informant MAGDALENA GOELLER.
(b) Address 1703 HANOVER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-15-43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A.A.Co.

18 (a) Funeral director Bernard G Hoale
(b) Address 121 E West St

19 (a) (Date received by registrar) (b) Filed for Williams M.D. FEB 12 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 11 1943, at 1 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943 to Feb 11 1943 and that I last saw him alive on Feb 10 1943.

Immediate cause of death: Carcinoma of Stomach.

Duration

Due to

Due to

Other Conditions Unsuccessful Attempt at Gastroenterostomy. Metastases to Liver

(Include pregnancy within 3 months of death)

Date of operation about 2 mos ago

Major findings of operation by Autopsy Report

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Schwenck M. D.
Address 1337 E Chase Date signed

G 01009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 01009 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 East 30th. ST.,
(c) Hospital or institution: Res.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County Rockingham
(c) City or town Patterson Virginia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37 West Gay St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Jackson McNeal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16 1883 or 62

8. AGE: Years	Months	Days	If less than one day
80	2 3	26	hr. min.

9. Birthplace Agusta Co. Virginia (Town, county, and state)

10. Usual Occupation Tombstone Polisher

11. Industry or business Tombstone

FATHER
12. Name James W McNeal
13. Birthplace Augusta Co. Virginia.

MOTHER
14. Maiden Name Rebecca Rouh
15. Birthplace Augusta Co. Virginia

16 (a) Informant Howard E Caricofe
(b) Address 716 East 30.th. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15. (month) (day) (year)
(c) Cemetery or crematory Dayton Cem.
Location Dayton Virginia

18 (a) Funeral director Frank Della Rose
(b) Address 52 N Harlem St. Williamstown, Md

19 (a) FEB 12 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 3.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4. 43 to Feb. 17 1943
and that I last saw h[illegible] alive on Feb 11 1943

Immediate cause of death Bronchial Pneumonia — Duration 13 Days

Due to

Due to Cyanotic

Other Conditions Substernal

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Grant M.D.
Address 407 Bedford Date signed 2-12-43

VS 3

G 01013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01013

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5013 Greenaway ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give name)
(d) Street No. 5013 Greenaway Ave
(If rural-type location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Benjamin Turner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Alice
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Shoe
11. Industry or business Maker

FATHER
12. Name Nathan Turner
13. Birthplace Maryland

MOTHER
14. Maiden Name Frieda Turner
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-43 (month) (day) (year)
(c) Cemetery Holmes Jewish Location Windsor Mill Rd

18 (a) Funeral director Clark Louis Inc
(b) Address 1439 E. Baltimore St

19 (a) FEB 12 1943 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1943, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1943 to Feb 11 1943, and that I last saw h~~e~~ alive on Feb 11 1943.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton E. Lowenauer M. D.
Address 5013 Park Heights Ave Date signed 2-11-43

VS 189

G 01011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 01011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST.
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 E. BALTIMORE ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ISADORE ADELMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name MORTON ADELMAN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ANNA
15. Birthplace RUSSIA

16 (a) Informant IDA KRUZEN
(b) Address 820 E. LOMBARD ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-12-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rogdale Cem
Location Pikesville Rd. Franklyn Ave

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Baltimore St.

19 FEB 12 1943 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 11, 1943 at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 6, 1943 to Feb 11 1943, and that I last saw him alive on Feb 11 1943.

Immediate cause of death: Coronary occlusion — Duration

Due to: Antriosclerotic CV Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Doris Robert Lomitz
Address Sinai Hospital Date signed 2/11/43

G 01012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 01012 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully verified. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S Chapel Gate Rd
(c) Hospital or institution: Pinecrest Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 Hollins St (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME Charles J Cousley

3 (b) If veteran, name war Worlds | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) June 16 1893

8. AGE: Years 49 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business

FATHER 12. Name James Cousley
13. Birthplace Md

MOTHER 14. Maiden Name Mary Eberhart
15. Birthplace Md

16 (a) Informant Mrs Cousley
(b) Address 2107 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Balto Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton & Fayette Sts

19 FEB 12 1943 (Date rec'd by registrar) Hunter A. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1943 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to Feb 11 1943, and that I last saw him alive on Feb 11 1943.

Immediate cause of death: Bronchopneumonia — Duration 1 week

Due to:

Due to:

Other Conditions: Circulatory Failure Uncertified — 1 day

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Karl Poos, M.D. M. D.
Address 4001 Wilkens Ave Date signed 2-13-43

VS 189

G 01613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 01043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 W. Faye He St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 W Faye He (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-0965

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Evelyn B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Ja. 9, 1883

8. AGE: Years	Months	Days	If less than one day
59	2	1	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name George E. Smith
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary Wagner
15. Birthplace Penna.

16 (a) Informant Mrs. Geo. W. Smith
(b) Address 1917 W. Lafayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory Ken Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Geo. E. Fahey
(b) Address 1800 W Fayette St

FEB 12 1943 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10 1943 7:22 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Mitchell, M.D. Medical Examiner.

Date signed 2/11/43.

VS 6

C 01014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished fully. Supply correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 N. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clayton Neil Hamon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Harry G. Hamon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1901

8. AGE: Years	Months	Days	If less than one day
41	5		hr. min.

9. Birthplace Mississippi (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Hamon
13. Birthplace Mississippi

MOTHER
14. Maiden Name Salie Medley
15. Birthplace Mississippi

16 (a) Informant Harry Thomas Hamon
(b) Address Edgewood Arsenal

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-1943 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road

18 (a) Funeral director Leo G. Cook
(b) Address 170-172 N. Patterson Park Ave

FEB 12 1943 (Date rec'd by registrar)

(b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1943, at 12:55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Acute hepatitis	
Due to: Cause undetermined	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide pending
(b) Date of occurrence [illegible] M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wollaeger Medical Examiner. M.D.
Date signed 2-6-43

VS 6

G 01015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01015 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful supplied. Make correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Avenues
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Manual St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mr. George A. Bill

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-4551

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/31/887 1886

8. AGE: Years	Months	Days	If less than one day
56	6	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business

FATHER 12. Name Robert George
13. Birthplace England

MOTHER 14. Maiden Name Elizabeth Boyce
15. Birthplace England

16 (a) Informant Emma Bill
(b) Address 2705 ~~[illegible]~~ Manual St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location 3801 Frederick Ave

18 (a) Funeral director William M Marsh
(b) Address 715 E. 41 St

19 (a) FEB 12 1943 (Date received by registrar) (b) Registrar

VS 180

Phoning for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1943 at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1943 to Feb. 10 1943, and that I last saw h/m alive on Feb 10 1943.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Clinton Kessler M. D.
Address St. Agnes Hosp. Date signed 2/10/43

G 01016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 01016

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612. St Dunstans Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Govans (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 St Dunstan Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria D. Gaither

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife J W Gaither (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1852

8. AGE: Years	Months	Days	If less than one day
90	8 4	132	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Joseph Homer
13. Birthplace Md

MOTHER 14. Maiden Name Hannah E Dameker
15. Birthplace Md

16 (a) Informant Mrs Read Gaither
(b) Address 612 St Dunstans Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

FEB 12 1943 (b) [illegible] Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1943, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1938, to Feb 9 1943, and that I last saw h alive on Feb 9 1943.

Immediate cause of death: Chron Myocarditis Arteriosclerosis — Duration 1938 1938

Due to

Due to

Other Conditions Acute cardiac dilatation — 1943

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D-W. Bishop M. D.
Address 511 Sheridan Av Date signed Feb 10

G 01017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01017 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard and Greene Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Morrow Apartments (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James A. Welsh

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-1649

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lottie I. Welsh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1879

8. AGE: Years	Months	Days	If less than one day
63	8	7	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)
10. Usual Occupation Merchant Tailor
11. Industry or business

FATHER
12. Name Albert Welsh
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Ella Tier
15. Birthplace Annapolis, Md.

16 (a) Informant Mrs. Lottie I. Welsh
(b) Address Annapolis, Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Ft. Lincoln Cemetery
Location Washington, D. C.

18 (a) Funeral director Miles Funeral
(b) Address 1002 W. Baltimore St.

19 FEB 12 1943 Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/30 1943 to 2/11 1943, and that I last saw h[illegible] alive on 2/11 1943

Immediate cause of death Cerebral metastasis
Due to Vertebral metastasis
Due to Bronchogenic Carcinoma
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 1/31/43
Major findings of operation: Vertebral metastasis
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. K. Thompson
Address Universal Hospital signed 5/11
Baltimore Md

G 01018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G 01018 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3810 Southern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3810 Southern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNIE May. PYFER.

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name John F. Pyfer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah E. Ritter.
15. Birthplace Baltimore

16 (a) Informant Mrs. Chas. Pettynger
(b) Address 3810 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2. 12. 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Ave.

18 (a) Funeral director Robert L. Brooks
(b) Address 1338 Hollins Street.

19 (a) [illegible] Huntington Williams, M.D.

FEB 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2. 9th 1943. at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1943, to 2/9 1943 and that I last saw her alive on 2/9 1943.

Immediate cause of death: Ic. Cardiac Dilatation — Duration 5 Days.
Due to Ch. Myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Js Harding M. D.
Address 4816 Belair Rd Date signed 2/11/43

G 01019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 940

G 01019 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 643 Bartlett St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 643 Bartlett Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Duncan

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No. 215-01-5719

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Mary Duncan
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1894

8. AGE: Years	Months	Days	If less than one day
49	1	10	— hr. — min.

9. Birthplace Fargo Georgia (Town, county, and state)
10. Usual Occupation Civil Engineer
11. Industry or business Own Consultation

FATHER
12. Name Wm Duncan
13. Birthplace Georgia

MOTHER
14. Maiden Name
15. Birthplace Georgia

16 (a) Informant Mrs L. Duncan
(b) Address 28 E. Pentalow St

17 Buried (Burial, cremation, or removal) (b) Date thereof 2/14/43 (month) (day) (year)
(c) Cemetery or Crematory Mt Hope
Location Baltimore Md

18 (a) Funeral director E. Sr Stamper Son
(b) Address 360 Eutaw Place

19 (a) (Date received by registrar) (b) Registrar Huntington Williams

FEB 12 1943

vs 6-

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11, 1943, at 3:21 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Coronary Thrombosis — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Jacobsen M.D. Medical Examiner.
Date signed 2/12/43.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 01020

CERTIFICATE OF DEATH

50 G 01020

1. PLACE OF DEATH 601½ Eversham Ave

Registered No.

CITY OF BALTIMORE: (No. ____ St. ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edna F. Wood

If U. S. Veteran specify WAR ____

(a) Residence: No. 601½ Eversham Ave St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Harry H. Wood

6. DATE OF BIRTH (month, day, year) Oct. 17, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	59	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George E. Entwisle

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Augusta Skipper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry H. Wood

(Address) 601½ Eversham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Feb. 13/43

19. UNDERTAKER Harry H. Wittke

(Address) 4101 Edmondson Ave.

20. FILED FEB 12 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11th, 1943

22. I HEREBY CERTIFY, That I attended deceased from January 8th, 1943, to February 11th, 1943

I last saw h[illegible] alive on February 8th, 1943. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Right Breast c Metastasis	
Other contributory causes of importance: Metastasis to Both Lungs	

Was an operation performed? Yes Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Edward Robins, M. D.

(Address) 601½ Eversham Ave

Balto. Md.

V8 8

G 01021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01021 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. Morrydale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Orpington Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Young
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name ~~of husband~~ or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1873

8. AGE: Years	Months	Days	If less than one day
69	7	8	hr. min.

9. Birthplace Baltimore, Md. (town, county, and state)
10. Usual Occupation Tin Decorating Co.
11. Industry or business Retired 15 Yrs.

FATHER
12. Name August Young
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Schroeder
15. Birthplace Md.

16 (a) Informant Mrs. Margaret Young
(b) Address 611 Orpington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Whitlock
(b) Address 4101 Edmondson Ave.

19 (a) Filed Feb 13 1943 Registrar
(b) Registrar's signature

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10 1943 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1943 to 2/10 1943, and that I last saw ~~him~~ her alive on 2/10 1943.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rowberg
Address St. Agnes Hosp. Date signed 2/12/43

G 01022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124

G 01022 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 E. Oliver St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 E. Oliver St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph George Zetlmeisl

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-4405

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna Ahlfeldt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8 82

8. AGE: Years	Months	Days	If less than one day
about 60 years			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Bottling Dept.
11. Industry or business American Brewery

FATHER
12. Name not known
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Anna Zetlmeisl
(b) Address 2029 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) Filed FEB 13 1943 (Registrar) (b) Hunting for Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1943 19 at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1943 to Feb. 11 1943, and that I last saw him alive on Feb. 10 1943.

Immediate cause of death: Cirrhosis of liver. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Dedrick M. D.
Address 701 N. Kenwood Ave. Date signed 2/12/43

G 01023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G 01023
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3803 Hudson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3803 Hudson St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Wagner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	W.

6 (b) Name of husband or wife Conrad Wagner Sr. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1864

8. AGE: Years	Months	Days	If less than one day
78	5	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name William E. Jubb
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Lena Koon
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Emma Hogg
(b) Address 3803 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1529 Broadway.

19 (a) FEB 13 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10 1943 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to Feb 10 1943. and that I last saw her alive on Feb. 10 1943.

Immediate cause of death Chronic Myocarditis — Duration Contra

Due to

Due to

Other Conditions Diabetes Mellitus Contra

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jason N. Gabel M. D.
Address 697 S. Conkling St. Date signed 2/12/43

G 01024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943 G 01024

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1943
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Boyd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert B. Anderson Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie A. Schultz
6 (c) If alive, give age 39 Years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1906

8. AGE: Years	Months	Days	If less than one day
37	1	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name Robert B Anderson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary M.
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Marie A. Anderson Jr.
(b) Address 1035 Boyd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem
Location Catalina Highway -

18 (a) Funeral director John F. Conway & Son
(b) Address 901 Hollins St.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

FEB 12 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10th 1943, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1942 to Feb 10 1943 and that I last saw him alive on Feb 10 1943

Immediate cause of death Chronic Myocarditis — Duration 8 Years

Due to

Due to

Other Conditions Healed Pulmonary Tuberculosis (Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. G. Kelly M.D.
Address 3517 Edmondson Date signed Feb 11 1943 M. D.

G 01025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 01025 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 Worsley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 E. Worsley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annabelle Drey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Married

6 (b) Name of husband or wife Wm. H. Drey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1905

8. AGE: Years	Months	Days	If less than one day
37	10	27	hr. min.

9. Birthplace D. C
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Wormley
13. Birthplace D. C.

MOTHER
14. Maiden Name Eliza Anderson
15. Birthplace D. C

16 (a) Informant Wm. H. Drey
(b) Address 420 Worsley St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md.
18 (a) Funeral director Joseph B. Locke Jr.
(b) Address 1310 N. Central Ave.
19 (a) (Signature of local registrar) (b) Date received FEB 12 1943 (Registrar) Walter Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1943 at 3:45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept. 2, 1942 to Feb. 9 1943, and that I last saw h[illegible] alive on Feb. 8. 1943.

Immediate cause of death	Duration
Cancer	7.
Due to	
Due to (over)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 3126 23rd St Date signed 2-12-43

G 01026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 777

G 01026
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Be sure the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 John St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 John St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER W. RILEY

3 (b) If veteran, name war: Word war #1
3 (c) Social Security Account No. 232-22-0540

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ola C. Riley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/2/1895

8. AGE: Years 47 | Months 4 | Days 10 | If less than one day: hr. min.

9. Birthplace West, Virginia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Fairfield Shipyards

FATHER
12. Name William L. Riley
13. Birthplace West, Virginia

MOTHER
14. Maiden Name Mary - Unknown
15. Birthplace West, Virginia

16 (a) Informant Mrs. Ola Riley
(b) Address 1511 John St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-43 (month) (day) (year)
(c) Cemetery or crematory Terra Alta
Location West, Virginia

18 (a) Funeral director Harr. Cook Inc.
(b) Address 17 St Paul St.

19 (a) Date received by registrar FEB 12 1943
(b) Registrar Huntington, W. Va.

VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943, at 11:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions ND	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Wallenmaier M.D.
Medical Examiner.
Date signed 2-12-43

G 01027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 01027 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 E. Charles St.
(c) Hospital or institution: ✱

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 E. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Clipper, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Widower

6 (b) Name of husband or wife Annie C. MacKnall
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 17, 1850

8. AGE: Years	Months	Days	If less than one day
92	7	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Ship Caulker
11. Industry or business At Home Past 12 yrs.

FATHER
12. Name Casper Clipper
13. Birthplace Md.

MOTHER
14. Maiden Name Don't Know
15. Birthplace

16 (a) Informant John H. Clipper, JR. (SON)
(b) Address 1536 E. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem. Co.
Location Baltimore, Md

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 E. Charles St.

FEB 12 1943 (Date filed by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1943 at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1943 to Feb 11 1943 and that I last saw him alive on Feb 11 1943

Immediate cause of death Senile Pneumonia — Duration 6 days

Due to Arteriosclerosis — Duration years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Kandle M.D.
Address 1 E. Candler St. Date signed 2/12/43

VS 150

Social Security #243-09-0882

G 01028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1943 G 01028

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3116 Ferndale Ave. (St.) (Ward) 27

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Howard Smith

If U. S. Veteran specify WAR No

(a) Residence: No. 3716 Ferndale Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Bernice Drake Smith

6. DATE OF BIRTH (month, day, year): Feb. 14, 1882

7. AGE: Years 60 | Months 11 | Days 27 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer Lifts

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Construction

10. Date deceased last worked at this occupation (month, day, year): Feb 9, 1943

11. Total time (years) spent in this occupation: 40yr

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER

13. NAME: John Howard Smith

14. BIRTHPLACE (city or town) (State or country): Ga.

MOTHER

15. MAIDEN NAME: Lotr Brown

16. BIRTHPLACE (city or town) (State or country): Ga.

17. INFORMANT: Mrs. Alette Laferrette

(Address) 3633 Burney Road

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Memorial Date Feb 15th 1943

19. UNDERTAKER: Leo J. Hughes & Sons

(Address) Baltimore, Md.

20. FILED FEB 12 1943 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1943 to Feb. 11, 1943

I last saw him alive on Feb. 11, 1943 Death is said to have occurred on the date stated above, at 8.50 P. m.

The principal cause of death and related causes of importance, were as follows:

Coronary Fibrillation — Interval between onset and death: 6 hrs

Pulmonary edema - acute

Other contributory causes of importance: Chr. myocarditis — Interval: 6 mos +

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. data Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Schlenker M. D.

(Address) 4000 Liberty Heights Ave

V. S. 2

INSTRUCTIONS—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

G 01029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 01029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied if correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3213 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Southern Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis F. Martin (Louid Francis Martin)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Helen E. Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1900

8. AGE: Years 42 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Cumberland, Md.
(Town, county, and state)

10. Usual Occupation Draughtsman

11. Industry or business Eng. Dept. U. S. Gov't.

FATHER
12. Name Peter Martin
13. Birthplace New Baltimore, Pa.

MOTHER
14. Maiden Name Clara A. Maurey
15. Birthplace Frostburg, Md.

16 (a) Informant Mrs. Helen E. Martin
(b) Address 3213 Southern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

FEB 12 1943 (Date rec'd by registrar) Huntingtown Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Feb 11 1943, and that I last saw him alive on Feb 10 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 3 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None at M
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury None

23. Signature L. K. Pondy M. D.

Address 5706 Harford Road Date signed 2/11/43

VS 8

G 01030 ✓ G 01030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Arden Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Arden Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN BRONISLAW REINERT

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Anna Reinert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/3/1875

8. AGE: Years	Months	Days	If less than one day
67	4	7	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Watchman - retired
11. Industry or business Bismark Brewery

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Martha Moses, daughter
(b) Address 2211 Arden Rd.

17 (a) Burial (b) Date thereof 2/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 FEB 12 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1943, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8 1943, to 2/10 1943, and that I last saw h alive on 2/8 1943

Immediate cause of death: Acute coronary thrombosis — Duration 3 days

Due to arteriosclerosis

Due to

Other Conditions Chron. myocardial degen. — 5 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest B. Funk M.D.
Address 704 Rieat Rd. Date signed 2/11/43

G 01031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01031 Registered No. 1562

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31 Street
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 28 da 12
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo-11da

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Tampa (If outside city or town limits, write RURAL and give town) 16
(d) Street No. 5406--9th Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME
Oscar Isaiah Hall

3 (b) If veteran, name war

3 (c) Social Security Account No. 266-18-2698

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/19/20

8. AGE: Years	Months	Days	If less than one day
22	2	22	hr. min.

9. Birthplace Live Oak, Florida (Town, county, and state)
10. Usual Occupation Wiper
11. Industry or business

FATHER
12. Name Isaiah H. Hall
13. Birthplace Lake City, Florida

MOTHER
14. Maiden Name Mary Mills
15. Birthplace Live Oak, Florida

16 (a) Informant Records--U.S. Marine Hospital
(b) Address Wyman Park Drive & 31 St-Balt.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory
Location Miami, Fla.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 2-12-43 (Date received by Registrar) Martin Williams M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1943, at 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1943, to Feb. 11 1943, and that I last saw him alive on Feb. 11 1943.

Immediate cause of death pulmonary embolism — Duration 10 min.

Due to removal of intervertebral disc.

Due to

Other Conditions Chronic cholecystitis with stones. (Include pregnancy within 3 months of death)

Date of operation January 29, 1943

Major findings of operation:

of autopsy: same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address U.S. Marine Hosp. Balto., Md. Date signed

43520

G 01032 ✓ G 01032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1248

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Raspeburg Baltimore MD
(a) State Md. (b) County
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 E Overlea Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary L. Nohe Nohe

3 (b) If veteran, name war: 40
3 (c) Social Security Account No: 4041

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 2, 1886

8. AGE: Years	Months	Days	If less than one day
56	3	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Peter Larkey
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Nash
15. Birthplace Ireland

16 (a) Informant Jacob G. Nohe
(b) Address 20 E. Overlea Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory H. Redeemer
Location 4430 Belair Rd.

18 (a) Funeral director M. W. K. Dupuis Sons
(b) Address Lombard near Sth St.

FEB 12 1943 (Date rec'd by registrar) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1943 at 3:13 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Feb 11 1943 and that I last saw him/her alive on Feb 11 1943

Immediate cause of death: Toxemia
Due to: Cirrhosis of liver
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 2-6-43
Major findings of operations: Cirrhosis of liver
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl A. Hillinger M.D.
Address St. Joseph's Hospital Signed Feb. 12 1943
Baltimore, Md. 11-1943

VS 8

G 01033

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01033

CERTIFICATE OF DEATH 131B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 W. Pratt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 W. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie A. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Edward F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 19, - 1880

8. AGE: Years	Months	Days	If less than one day
62	10	20	hr. min.

9. Birthplace Md.
10. Usual Occupation H. W.
11. Industry or business own Home

FATHER
12. Name O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Tierney
15. Birthplace Unknown

16 (a) Informant Edw. F. Murphy
(b) Address 1523 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Nuttle
(b) Address 4101 Edmondson Ave

FEB 12 1943 Registered by Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9/43 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec' 1943 to Feb 9 1943 and that I last saw alive on Feb 9 19 .

Immediate cause of death

Chronic Nephritis — Duration 1 yr/63

Due to

Due to

Other Condition Dropsy — 1/1/43

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] 2/13/43

G 01034 ✓ G 01034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 732 N. Fremont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 732 N. Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie L. Wood

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Robert J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1863

8. AGE: Years 80 | Months - | Days 24 | If less than one day hr. min.

9. Birthplace Anne Arundel Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wilson Turner
13. Birthplace Anne Arundel Co. Md.

MOTHER
14. Maiden Name Ellen Harris
15. Birthplace Calvert Co. Md.

16 (a) Informant Nellie G. Hawkins
(b) Address 732 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location Baltimore, Md.

18 (a) Funeral director Wm. Chas. H. Strollad
(b) Address 1631 Druid Hill Ave.

19 (a) 2-9-1943 (Date received by Registrar) (b) Huntington Williams, M.D.

FEB 10 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1943, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3, 1943 to Feb. 11, 1943, and that I last saw her alive on Feb. 11, 1943.

Immediate cause of death Cerebral Hemorrhage Duration 1 day
Arteriosclerosis 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams

Address 723 George Date signed Feb. 12/43

G 01035

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01035 ✓ 832 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians, please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Druid Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susie R. Heath

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 27, 1885

8. AGE: Years	Months	Days	If less than one day
48	—	16 13	hr. min.

9. Birthplace Howard Co. Md (Town, county and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Thomas Green
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Elizabeth Smith
15. Birthplace Howard Co. Md.

16 (a) Informant Olive Kelly
(b) Address 1715 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1943 (month) (day) (year)
(c) Cemetery or crematory —
Location Cherryville, Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave

19 FEB 12 1943 (b) Huntingtown, Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1943 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1943 to Feb. 10 1943 and that I last saw her alive on Feb. 10 1943.

Immediate cause of death Cerebral Hemorrhage — Duration a few hrs

Due to

Due to

Other Conditions Arteriosclerosis — Duration Several Years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. White M. D.
Address 723 George Date signed Feb. 13, 1943

VS 3

Sewell G 01036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belleona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs. ~~mos.~~ days) 49
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George R. Sewell

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	widower

6 (b) Name of husband or wife Late Mary E. Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1854

8. AGE: Years	Months	Days	If less than one day
88	9	26	hr. min.

9. Birthplace Md. (town, county, and state)
10. Usual Occupation Retired Brush Cayn
11. Industry or business B+O.

FATHER
12. Name —
13. Birthplace Md.

MOTHER
14. Maiden Name —
15. Birthplace Md.

16 (a) Informant Mrs. Clara A Braun
(b) Address 110 E. Tremont Rd

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 7801 Frederick Rd

18 (a) Funeral director H. H Withe
(b) Address 4101 Edmondson Ave.

19 (a) FEB 13 1943 (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11/43 19 , at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1942 to 2/11/43 ; and that I last saw h[illegible] alive on 2/10/43 19 .

Immediate cause of death Cardiac Vascular Hypertension
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W. Wheeler M. D.
Address 4309 Yale Rd Date signed 2/11/43

G 01037 ✓ G 01037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

152 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Within a Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 650 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret M. Foltz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Frederick Foltz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1882

8. AGE: Years	Months	Days	If less than one day
60	5	-	hr. min.

9. Birthplace New Jersey.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Andrew Graham
13. Birthplace Ireland

MOTHER
14. Maiden Name Clara Malton
15. Birthplace N.J.

16 (a) Informant Mr. Frederick Foltz
(b) Address 650 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3401 Frederick Rd

18 (a) Funeral director H. H. Wilhelm
(b) Address 4101 Edmondson Ave

19 (a) Hunting for Williams, M.D. (b) Registrar
(Date by which certificate must be filed)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9, 1943, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3, 1943, to Feb 9, 1943, and that I last saw her alive on Feb 9, 1943

Immediate cause of death	Duration
Peritonitis	
Due to Abdominal wall abscess	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Date of operation 2/3/43
Major findings of operation: Abscess of abdominal wall
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Carmen M.D.
Address St. Agnes Hospital Date signed 2/9/43

F. L. 93 6

G 01038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 01038 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 S. Lakewood Ave
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 S. Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Konstancya Zeda
3 (b) If veteran, name war
3 (c) Social Security Account No. none
4. Sex female
5. Color or race White
6 (a) Single, married, widowed, or divorced widow
6 (b) Name of husband or wife Walter - Deceased
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1860
8. AGE: Years 82 Months Days If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER / FATHER
12. Name ?
13. Birthplace ?
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Pauline Deonbeck
(b) Address 700 S. Lakewood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk ave
18 (a) Funeral director John J. Duda
(b) Address 2629 Hudson St.
FEB 12 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1943, at 11 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1942 to Feb 11 1943, and that I last saw h alive on Feb 10 1943.

Immediate cause of death
Arteriosclerosis C.V. Disease
Myocardial Failure
Due to Coronary Occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

Duration
12-23-42
2-11-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature E. A. Schumacher M. D.
Address 424 E. 33rd St. Date signed 2-12-43

Surgeons G 01039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G 01039 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 7 Lut St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Felix (Andakowski) Ordakowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-22-5944

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Frank Andakowski
13. Birthplace Poland

MOTHER
14. Maiden Name Elenora Szczyankowska
15. Birthplace Poland

16 (a) Informant Jadwiga Wasniewska
(b) Address 3140 Fraetorus Avenue

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Gerpen Hill Rd

18 (a) Funeral director John J. Ruda
(b) Address 2812 Hudson St

FEB 12 1943 (Date received by registrar)

(b) Harrington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1943, at 10:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Date of autopsy: Feb 10

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence Feb. 8 1943 at M
(c) Where did injury occur? Harbor Fort & Bond St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work? Yes
(Specify type of place)
(e) Means of injury Drowned in Harbor

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Feb. 9 1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01010

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 6 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route #2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLINTON WAREHEIME

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	AMERICAN	MARRIED

6 (b) Name of husband or wife EMMA WAREHEIME
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept 15 1889

8. AGE: Years	Months	Days	If less than one day
53	4	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farming

FATHER
12. Name George Wareheime
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellen Libby
15. Birthplace Maryland

16 (a) Informant Hospital record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15-43 (month) (day) (year)
(c) Cemetery or crematory Bauckman
Location Carroll Co

18 (a) Funeral director H. Bankard, for
(b) Address Westminster, Md.

19 FEB 13 1943 (Date filed by the Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1943 at 5:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943 to Feb 12 1943 and that I last saw him alive on Feb 12 1943.

Immediate cause of death Cardio-respiratory failure — Duration: 6 weeks
Due to Coronary occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Franklin E Leslie M. D.
Address Union Memorial Hos Date signed 2-14-43

VS 180

01041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 01041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly answered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Linden
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Conowingo
(If outside city or town limits write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen C. Ragan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1864

8. AGE: Years	Months	Days	If less than one day
78 79	9 11	12 20	hr. min.

9. Birthplace Conowingo
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Marshall Ragan
13. Birthplace Cecil County

MOTHER 14. Maiden Name Rachael Ann Pierce
15. Birthplace Cecil County

16 (a) Informant Maryland Gen Hospital
(b) Address Lafayette Linden and Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1943 (month) (day) (year)
(c) Cemetery or crematory West Huntingtown
Location Calvert Md.

18 (a) Funeral director J. E. Tyson
(b) Address Rising Sun Md.

19 FEB 13 1943 (b) H. Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Feb 12 1943, and that I last saw h[illegible] alive on Feb 12 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Herman Williams M. D.
Address Maryland General Hospital Date signed Feb 12, 1943

VS 3

G 01042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

G 01042

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hanford Rd & Herring Run
(c) Hospital or institution Sydenham

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 Wilcox St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moven Boston

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	Married

6 (b) Name of husband or wife Alma
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1909

8. AGE: Years	Months	Days	If less than one day
33	5	23	hr. min.

9. Birthplace Bertie Co, N. C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER / FATHER
12. Name Elijah Boston
13. Birthplace N. C.
14. Maiden Name Pearl (unknown)
15. Birthplace N. C.

16 (a) Informant Alma Boston
(b) Address 1009 Wilcox St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. Arundel County - Md
18 (a) Funeral director Byron & Mackie Wright
(b) Address 721 Cinquitth St.
19 (a) (b) Huntington Williams

FEB 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943, at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943, to Feb 12 1943, and that I last saw h[illegible] alive on Feb 12 1943.

Immediate cause of death	Respiratory Failure	Duration
Due to	Meningitis	
Due to	Meningococcus	
Other Conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. K. Trulove, M. D.
Address Sydenham Hosp. Date signed 2/12/43

G 01043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01043 Registered No. 738

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Plymouth.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Chatsworth Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmira Gardner.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Charles W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar. 28-1922

8. AGE: Years 20. Months 10 Days 14 If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Edward W. Bushell
13. Birthplace: Long Island

MOTHER
14. Maiden Name: Mary Hartman
15. Birthplace: Baltimore

16 (a) Informant: Charles W. Bardney
(b) Address: Chatsworth Ave. Plymouth

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15-43 (month) (day) (year)
(c) Cemetery or crematory: Western Cem
Location: Edmondson Ave

18 (a) Funeral director: Wm. Cook Sons.
(b) Address: 1217 St. Paul St

19 (a) FEB 13 1943 (Date rec'd by registrar) (b) Registrar M.D.
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1943, at 1 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1943 to Feb. 11, 1943, and that I last saw h.e.r. alive on Feb 11, 1943.

Immediate cause of death: Secondary anemia severe — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Opea Hartman, M.D.
Address Franklin Square Hospital Date signed 2/11/43

G 01014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 01014 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 E. 20th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 E. 20th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Belle Coleman Stevens

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or ~~wife~~: Frank E. Stevens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1st 1868

8. AGE: Years 74 | Months 4 | Days 11 | If less than one day: hr. min.

9. Birthplace Rock Hall Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At House

FATHER 12. Name Wm H. Coleman

13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth (Unknown)

15. Birthplace Md.

16 (a) Informant David T. Stevens

(b) Address 329 E. 20th ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Wesley Chapel

Location Rock Hall, Md.

18 (a) Funeral director Wm Cook Jno

(b) Address 1217 St. Paul St

19 Filed FEB 13 1943 (Date rec'd by Reg.) Huntington Williamsport, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12th 1943. 1:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1941 to Feb 12 1943, and that I last saw her alive on Feb 11 1943.

Immediate cause of death Pneumonia — Duration

Due to (a) (b)

Due to

Other Conditions Cerebrovascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer, M. D.

Address 506 E North Ave Date signed 2/12/43

VS 180

42 9283
G 01045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01045

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5307 St Georges Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Henry Francis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-6-74

8. AGE: Years	Months	Days	If less than one day
69	1	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Gardener
11. Industry or business Johns Hopkins

FATHER 12. Name James R. Francis
13. Birthplace Md

MOTHER 14. Maiden Name Carolyn Kendenrith
15. Birthplace Md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 100 FEB 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943 at 5:26 P

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Feb 12 1943 and that I last saw HIM alive on Feb 12 1943.

Immediate cause of death Terminal Pulmonary Central Embolism

Due to Endocardial Thrombus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2/9/43

Major findings of operation: Embolus in R.F. Brachial artery

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Jamford M. D.
Address Johns Hopkins Hosp Date signed 2/18/43

G 01046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

G 01046 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2915 Inglewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Inglewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Victor Klug

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Married

6 (b) Name of husband or wife Emily Clara Klug
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5th 1916

8. AGE: Years	Months	Days	If less than one day
26	10	6	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Maryland Press

FATHER
12. Name William Klug
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Elizabeth Altman
15. Birthplace Balto Md.

16 (a) Informant Emily Clara Klug
(b) Address 2915 Inglewood Ave

17 (a) Burial (b) Date thereof 2/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

19 (a) FEB 13 1943 (b) Hunting for Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11th 1943, 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7 1943 to 2/11 1943.
and that I last saw h alive on Feb 10 1943.

Immediate cause of death Hodgkins Disease

Duration 15 ds

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Unknown
Major findings of operation Hodgkins
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G J Nuttall M. D.
Address 1707 Edgar Ave Date signed Feb 11th 43

VS 180

G 01047 ✓ G 01047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2432 Frances St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 Frances St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Smallwood

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8104

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1901

8. AGE: Years	Months	Days	If less than one day
41	3	9 24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Augustus Smallwood
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Nellie McGuir
15. Birthplace Md.

16 (a) Informant Mrs Fannie Smallwood
(b) Address 2432 Frances St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

FEB 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10-43 19 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943 to 2/10 1943. and that I last saw him alive on 2/9 1943

Immediate cause of death: Pulmonary TB — Duration 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 450 W. Biddle St. Date signed 2/11/43

G 01048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 01048 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Penna ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-2
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Penna Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henretta Neal

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband ~~or wife~~ John Neal
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1857

8. AGE: Years	Months	Days	If less than one day
85	7	30	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business House work

FATHER
12. Name William Offer
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Benjamin Neal
(b) Address 1513 Pa Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (month) (day) (year)
(c) Cemetery or crematory Odenville, Md
Location Md
18 (a) Funeral director Geo. E. Kelly
(b) Address 1303 Pleasant St

19 (a) FEB 19 1943 (b) Huntington Ave., Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1943, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943, to Feb 11 1943, and that I last saw ~~her~~ alive on Feb 10 1943.

Immediate cause of death	Duration
Cardio Vascular Disease - Hypertension	Unknown
Due to Cerebral Hemorrhage	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. William Frey M. D.
Address 1927 Penna Ave Date signed 2/13/43

G 01049 ✓ G 01049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 N. Bloomfield St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elroy Johnson Jr

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-2-42

8. AGE: Years	Months	Days	If less than one day
	6	8	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Elroy Johnson
13. Birthplace Md

MOTHER 14. Maiden Name Julia Henson
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md.

18 (a) Funeral director Robert Williams
(b) Address 1516 McElderry St

19 (a) FEB 13 1943 (Date received) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1943 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1943 to Feb 10 1943 and that I last saw him alive on Feb 10 1943.

Immediate cause of death Heart Failure — Duration

Due to Bronchopneumonia — 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Solomon M.D.
Address Johns Hopkins Hosp Date signed 2/11/43

VS 250

AB-79764 G 01030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01030 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Montpelier Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Globenski or Charles Globensky

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harriet

6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Dec. 3-1881

8. AGE: Years: 61 Months: 2 Days: 9 If less than one day: hr. min.

9. Birthplace: Canada (Town, county, and state)

10. Usual Occupation: ? Accountant

11. Industry or business: U. S. Government.

FATHER
12. Name: Lambert Globenski or Globensky
13. Birthplace: Conn.

MOTHER
14. Maiden Name: Wilhelmia Be Dart
15. Birthplace: Conn.

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave. (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof: 2/15/43 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Taylor ave

18 (a) Funeral director: Sandow & Sons
(b) Address: Harford Ave. & Broadway

19 FEB 18 1943 (b) Huntington Williams, M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-12-43 19 , at 1 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1943 to 2-12 1943, and that I last saw him alive on 2-12 1943.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 Days

Due to: Arteriosclerosis — ?

Due to:

Other Conditions: Hypertensive cardiovascular disease; Diabetes mellitus — ?

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Dr. Adams

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: E. S. Cross Jr. M. D.
Address: Balt. City Hosp. Date signed: 2-12-43

G 01051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G 01051

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2300 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 54
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME ALMA REBECCA ANDREWS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Edgar R. Andrews
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1885

8. AGE: Years	Months	Days	If less than one day
58	-	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Asbury Mills
13. Birthplace Dorchester County, Md.

MOTHER
14. Maiden Name Rose Diamond
15. Birthplace Baltimore Md.

16 (a) Informant Dr. Edgar R. Andrews
(b) Address 2300 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Lot 303 North ½ - Sec. XX

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Fulton Ave. Broadway

19 (a) Filed (b) FEB 14 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1943 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Feb 10 1943.
and that I last saw him alive on Feb 10 1943.

Immediate cause of death	Duration
Carcinoma of gall bladder	8 months
Due to	
Due to	
Other Conditions Liver Metastasis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 26 P? Mt Pleasant Ave. Date signed Feb 11 1943

1652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 0105
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Claggett St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Hawkins 79578

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1924

8. AGE: Years 18 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Benjamin Hawkins
13. Birthplace N.C.

MOTHER
14. Maiden Name Laura McCoy
15. Birthplace

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R Wilkerson
(b) Address 322 N Schroeder St Huntington Northeastern, Md.

FEB 13 1943 (Date received by Registrar) (Signature of Registrar) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1943, at 1:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1943 to Feb. 10 1943, and that I last saw her alive on Feb. 10 1943.

Immediate cause of death: Tuberculous meningitis / Pulmonary tuberculosis — Duration: 9 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.J. Hartle, M.D.
Address Balto City Hosp Date signed 2/11/43

01053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

Registered No. C 01053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 324 E Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) [illegible] Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 328 E Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD M. BENNETT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day hr.	min.
46				

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Constable

11. Industry or business Baseball Coach

FATHER
12. Name Edward M. Bennett, Sr.
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Bennett
15. Birthplace Ireland

16 (a) Informant Mrs. Sarah Bennett
(b) Address 328 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-43 (month) (day) (year)
(c) Cemetery or crematory Rotorind Cemetery
Location Frederick Rd.

18 (a) Funeral director Wm. McCausland
(b) Address 501 E 22nd St.

19 (a) FEB 13 1943 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943, at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Atrophy cirrhosis of liver, alcoholic

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-12-43

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

01054 107 Registered No. C 01054

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 McHenry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 McHenry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Williams.

3 (b) If veteran, name war: C | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E. Brogan
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.) Nov 22, 1878

8. AGE: Years 64 | Months 3 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Produce Dealer

11. Industry or business

FATHER — 12. Name Geo. Williams
13. Birthplace Baltimore

MOTHER — 14. Maiden Name Elizabeth Morris
15. Birthplace Baltimore

16 (a) Informant Mrs Mary E. Williams
(b) Address 905 McHenry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Schwartz Cem.
Location O'Donnell St.

18 (a) Funeral director John J. Logsdon & Son
(b) Address 941 Hollins St.

19 (a) Date received by Local Registrar FEB 13 1943 (b) Signature of Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1941 19 to Feb 12 1943. and that I last saw him alive on Feb. 11 1943.

Immediate cause of death Bronchial pneumonia — Duration 2 days

Due to Chronic Gastritis — Duration 2 yrs

Due to Arteriosclerosis — Duration 8 years

Other Conditions — Duration 15 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Glaser
Address 2707 Hollins Ave Date signed 2/12/43 M. D.

G 01055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 01055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 335 S. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 S. Payson St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha A. Emmart.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife William T Emmart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9th 1867

8. AGE: Years	Months	Days	If less than one day
75	8	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. William Emmart.
(b) Address 41 Prospect Ave, Catonsville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Frederick Ave.

18 (a) Funeral director John J. Leonard & Son
(b) Address 941 Hollins St

19 (a) (b) Huntington Williams, M.D.

FEB 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Febry 12th 1943, at 1 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943 to Feb 12 1943. and that I last saw her alive on Feb 11 1943.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Kerman MD M. D.
Address 1934 Wilkens Ave Date signed 2/13/43

01056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 740 S. POTOMAC ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 740 S. POTOMAC ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY M. ZWOSTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife PETER ZWOSTER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 11 1869

8. AGE: Years	Months	Days	If less than one day
73	8	1	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOSEPH ZIMMERMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant JULIA M. ZAHNER (DAUGHTER)
(b) Address 740 S. POTOMAC ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 FEB 12 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 12 1943, at 2/40 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1943 to 2/12 1943 and that I last saw h[illegible] alive on 2/12 1943.

Immediate cause of death Intestinal obstruction — Duration 3 days

Due to Carcinoma of S. Generalized abdominal carcinosis — 3 months

Due to (Gas)

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation 12/42

Major findings of operation: Generalized abdominal carcinosis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank V. Maniere M. D.
Address 3725 Eastern Ave. Date signed 2/14/43

VS 2

Maniere

Burgess G 01057 BALTIMORE CITY HEALTH DEPARTMENT ✓ 168 G 01057 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Scott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cash Shamer

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-5099

4. Sex	5. Color or race	6 (a) ~~Single~~ married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of ~~husband~~ or wife Pearl Shamer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Carroll County, Md. (Town, county, and state)
10. Usual Occupation Stone Mason.
11. Industry or business

FATHER
12. Name George Shamer.
13. Birthplace Md.

MOTHER
14. Maiden Name Emily Taylor.
15. Birthplace Unknown

16 (a) Informant Pearl Shamer
(b) Address 215 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15-43. (Month) (day) (year)
(c) Cemetery or crematory Patapsco Chapel
Location Patapsco Md

18 (a) Funeral director Charles W Kuchenbuch
(b) Address 637 Washington Blvd

19 (a) A. [illegible] (Signature of registrar) (b) [illegible] Registrar

[illegible], M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1943, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull: subdural hematoma, laceration of brain	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Potential Homicide,
(b) Date of occurrence Feb. 10 1943 at 11:30 P M
(c) Where did injury occur? In front of 207 Scott St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? ?
(e) Means of injury Assaulted ?

23. Signature Robert Lee Yeatman M.D.
Medical Examiner.
Date signed Feb. 11 1943

VS 6

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered or "Unknown" supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-66606 C 0105 ✓ BALTIMORE CITY HEALTH DEPARTMENT C 0105 Registered No.

CERTIFICATE OF DEATH 83B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 Jefferson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leslie Walker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Margie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-47? 1896

8. AGE: Years	Months	Days	If less than one day
47?	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Rosie ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave(Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Chas Alexander
(b) Address 1200 McCulloh St

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

FEB 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1943, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1941, to 2-12 1943, and that I last saw him alive on 2-12 1943.

Immediate cause of death	Duration
Cerebral thrombosis	?
Due to Ent. arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Encephalomalacia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-13-43

G 01059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

G 01059 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.0.4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Thames St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Venker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 5th 1933

8. AGE: Years	Months	Days	If less than one day
10	1	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Scholar
11. Industry or business Public School

FATHER
12. Name Winfield Venker
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emily Schultz
15. Birthplace Balto. Md.

16 (a) Informant Winfield Venker
(b) Address 1614 Thames St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 2/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 E. Pratt St.

FEB 14 1943 (Date rec'd by registrar)

Dentist for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1943 at 4.10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Autopsy or inquiry) and (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushed Head

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: J-1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 12 1943 at 3.45 P M
(c) Where did injury occur? Fleet & Bond Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by truck

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 12 1943

G 01060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01060 ✓ 937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1847 Ramsey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1847 Ramsey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary V. Pfeltz

3 (b) If veteran, name war: Wife of Civil War Veteran
3 (c) Social Security Account No. Pensioned

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Gustavus A. Pfeltz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5th 1856

8. AGE: Years	Months	Days	If less than one day
86	2	7	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Warren Deal
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ann Price
15. Birthplace Md.

16 (a) Informant Charles F. Pfeltz
(b) Address 3024 Remington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 FEB 14 1943 (Date received by Registrar) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12th 1943. 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec, 1942 to Feb 12, 1943.
and that I last saw h[illegible] alive on Feb 12 1943.

Immediate cause of death: Bronchopneumonia — 4 days
Due to: Arteriosclerotic CV Disease Ruptured Fistula
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Bayless M. D.
Address 1600 Wilkens Ave Date signed 2/13/43

VS 150

G 01061 ✓ G 01061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2833 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2833 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Claudia E. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband William T. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20th 1863

8. AGE: Years	Months	Days	If less than one day
79	1	23	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name George Guest
13. Birthplace France

MOTHER
14. Maiden Name Sarah L (Unknown)
15. Birthplace

16 (a) Informant Alonia Reggin
(b) Address 2823 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

FEB 14 1943
(Date rec'd by registrar) Hunting for William

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13th 1943 at 3.05 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1943 to Feb 13 1943, and that I last saw her alive on Feb 13 1943.

	Duration
Immediate cause of death: Cardiac Arthritis	1 da.
Due to Acute Coronary Thrombosis	8 yrs
Due to Chronic Myocarditis	
Other Conditions: Uremia	1 da.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Wilson Lee M. D.

Address 606 N Fulton Ave Date signed 2/14/43

VS 180

G 01062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G 01062 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Chesapeake Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Hyman Pressman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Jewish	Married

6 (b) Name of husband or wife Mary Pressman
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1891

8. AGE: Years	Months	Days	If less than one day
51	3	28	hr. min.

9. Birthplace Ukraine, Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Grocery

FATHER
12. Name Abraham Pressman
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Lanner
15. Birthplace Russia

16 (a) Informant Hospital records & home
(b) Address

17 (a) Burial (b) Date thereof 2-14-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location

18 (a) Funeral director Joseph Louis Inc
(b) Address 1439 E. Baltimore St

19 (a) FEB 14 1943 Interring to Williamsport
(Date rec'd by registrar) (Name of cemetery)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1943, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1942 to Feb 14, 1943, and that I last saw him alive on Feb 14 1943.

Immediate cause of death Cardio-respiratory failure

Due to Generalized carcinomatosis, Origin unknown.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Nesbit, Jr. M. D.
Address Union Memorial Hosp. Date signed 2-17-43

G-01063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

Registered No. G-01063

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 N. Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 N. Howard
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Sournick

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-8823

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 53 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation News Vender

11. Industry or business

FATHER
12. Name Morris Sournick
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie
15. Birthplace Russia

16 (a) Informant Susan Sournick
(b) Address Glendale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Ellison Mill Rd

18 (a) Funeral director Jack Louis Lee
(b) Address 1439 E. Balto St

19 FEB 14 1943 (Date rec'd by registrar) Whitis for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1943 at 730 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1943 to Feb 12 1943, and that I last saw h[illegible] alive on Feb 12 1943.

Immediate cause of death	Duration
Due to Cardiac Dilatation Right Auricle & Ventricle Failure	
Due to Cirrotic Copper Resp Inf. (Gas)	
Other Conditions Chronic Bronchitis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel J. Hankin, M.D.
Address 4331 Eastern Ave Date signed 2/13/43

VS 150

G 01064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 01064 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 N. Calvert St
(c) Hospital or institution: 114
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. A. Joblon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
60				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Joblin
13. Birthplace Russia

MOTHER
14. Maiden Name Mary —
15. Birthplace Russia

16 (a) Informant Harry Joblin
(b) Address Reisterstown, Md.

17 (a) Burial, cremation or removal (b) Date thereof 2-14-43 (month) (day) (year)
(c) Cemetery or crematory Druid Lawn
Location Mt. Carmel

18 (a) Funeral director Jos. Louis Joe
(b) Address 1439 E. Balt St

19 (a) FEB 14 1943 (b) Filed by Wm. Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12- 1943, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1943, to Feb 12 1943, and that I last saw h[illegible] alive on Feb 11 1943.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration

Due to ARTERIO SCLEROSIS — 1 MONTH

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Myer M.D.
M. D.
Address 6 W. Lombard St Date signed 2-14-43

VS 130

G 01065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

552

G 01065 Registered No.

PLEASE WRITE PLAINLY, WITH PEN AND INDELIBLE INK. Every item of information should be given. Do not use abbreviations. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. ~~(yrs., mos., or days)~~ 46
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 E. Fairmount Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME HAROLD POTTS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
8			hr. min.

9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Hyman
13. Birthplace Russia

MOTHER
14. Maiden Name Edith Potts
15. Birthplace Balto Md

16 (a) Informant Hyman Potts
(b) Address 2406 E. Fairmount
17 (a) Burial (Burial, cremation, removal) (b) Date thereof 2-14-43 (month) (day) (year)
(c) Cemetery Beth Jacob Achdus agudas
Location Rosedale
18 (a) Funeral director Saml. Solomon Inc
(b) Address 1439 E. Balto St
19 FEB 14 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1943, at 5A. M
21. I certify that death occurred on the date above stated; that I attended deceased from 2/11 1943, to 2/13 1943, and that I last saw him alive on 2/13 1943.

Immediate cause of death BRONCHOPNEUMONIA — Duration 7 Days
Due to RETICULUM CELL SARCOMA — 8 mos.
Due to
Other Conditions (None)

(Include pregnancy within 3 months of death).
Date of operation
Major findings of operation:
of autopsy: RET. CELL SARCOMA?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Saul J. Fauber, M. D.
Address Sinai Hosp. Date signed 2/13

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

Registered No. G 01066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3818 Fait St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Hewitt

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Raymond Hewitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1907

8. AGE: Years	Months	Days	If less than one day
35	9	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife at home.
11. Industry or business

FATHER
12. Name Stephen Brunek Sr.,
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Rose Doubra
15. Birthplace Czechoslovakia

16 (a) Informant Husband
(b) Address 3818 Fait Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) FEB 14 1943 (Date rec'd by registrar) Harold L. Williams (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1943, at 11:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Crushing injuries of head, body & extremities
Due to accident.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 28-7
(b) Date of occurrence Feb. 12 1943 at 10:50 A M
(c) Where did injury occur? Haven & O'Donnell Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? R.R. crossing (Specify type of place) While at work? Yes
(e) Means of injury Run over by train

23. Signature Richard Lee Gentzler M.D. Medical Examiner.
Date signed Feb. 12 1943.

VS 6

G 01067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 2

G 01067 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A.
(c) City or town Dambrills RFD 1
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dambrills, Main Highway
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Turner

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Milton J. Turner
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept. 1 - 1874

8. AGE: Years	Months	Days	If less than one day
68	5	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name Arthur Mullikin
13. Birthplace Md A.A. Co

MOTHER
14. Maiden Name Theresa Tintticum
15. Birthplace Md - A.A. Co.

16 (a) Informant Milton J. Turner
(b) Address Dambrills, Md. R.F.D.1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Stephens Episcopal Ch. yd
Location A.A.Co. Near Anderson's Corner

18 (a) Funeral director Thomas W. Singleton
(b) Address Glen Burnie, Md

FEB 14 1943
(Date rec'd by registrar) Registrar Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1943 at 11:05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1942 to Feb 13 1943 and that I last saw h 98 alive on Feb. 13 1943.

Immediate cause of death
Generalized Carcinomatosis

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Etta C. Lusk, M.D.
Address Univ. Hosp. Date signed 2/13/43

G 01068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01068

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Aberdeen Proving Ground
(If outside city or town limits, write R.F.D. and give town)
(d) Street No. Aberdeen Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gerald Z. O'Brien (J. Gerald O'Brien, M. D.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: about 55 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name Thomas O'Brien
13. Birthplace Ireland

MOTHER 14. Maiden Name Katherine T. Mulligan
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Heinrich Turk
(b) Address 526 W. University Pwky.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Road, Balto.

18 (a) Funeral director H. W. Mearsdon
(b) Address 805 N. Calvert St.

19 2-14-1943 (Date filed by registrar) Martin to Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1943 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1942 to Feb 13 1943 and that I last saw h[illegible] alive on Feb 13 1943.

Immediate cause of death	Duration
Acute bacterial endocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Etta Finke, M. D.
Address Univ. Hospital Date signed

G 01069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 01069 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 Linden Avenue
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Linden Avenue (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Mary Rose Reynolds

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 18, 1877

8. AGE: Years	Months	Days	If less than one day
65	9	24	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name Patrick Reynolds
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary E. Hogan
15. Birthplace Ireland

16 (a) Informant Edward P. Reynolds
(b) Address 1417 Linden Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

FEB 14 1943 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12. 19 43, at 6:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from October 7 19 34 to Feb. 12 19 43 and that I last saw h alive on Feb. 12 19 43.

Immediate cause of death: Adeno Carcinoma of the Sigmoid Colon. — Duration 8 yrs.

Due to

Due to

Other Conditions 0

(Include pregnancy within 3 months of death)

Date of operation 0

Major findings of operations

0

of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NO
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? 0 While at work? (Specify type of place)
(e) Means of injury 0

23. Signature S. Lloyd Johnson M. D.
Address Catonsville Md Date signed 2/14/43

VS 180

G 01070 G 01070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1178 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly. Underline correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Wingate Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Roana B. Coffman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband or wife Dr. William Coffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1880

8. AGE: Years	Months	Days	If less than one day
62	5	8	hr. min.

9. Birthplace New York City, N. Y. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Brennan
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Fitzsimmons
15. Birthplace Ireland

16 (a) Informant Lieut. C. De Witt Coffman
(b) Address 421 Wingate Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director H. W. Mearsdon
(b) Address 805 N. Calvert St.

19 (a) 2 13 1943 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943, to Feb 13 1943, and that I last saw her alive on Feb 13 1943.

Immediate cause of death	Duration
Peritonitis	
Due to Perforated Duodenal Ulcer	24 hrs.
Due to	
Other Conditions Arteriosclerotic C-V disease (Include pregnancy within 3 months of death)	
Date of operation Feb 12 1943	
Major findings of operations Peritonitis Perforated Duodenal Ulcer	
of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M.D.
Address Bon Secours Hosp. Date signed 2-14-43

G 01071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 2/13/43

G 01071 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4030 Boarman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KATIE ROSENTHAL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Harris Carmel
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie ?
15. Birthplace Russia

16 (a) Informant Jerome Rosenthal
(b) Address 4003 Boarman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) 2-14-1943 (Registrar) (b) Huntington Hill Baltimore, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13/43 19 at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10/43 19 to 2/13/43 19, and that I last saw h alive on 2/13/43 19.

Immediate cause of death: Myocardial insufficiency — Duration
Due to: Acute coronary occlusion
Due to: Hypertensive C V R Disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Hborofsky MD
Address Sinai Hospital Date signed 2/13/43

G 01072 BALTIMORE CITY HEALTH DEPARTMENT G 01072 Registered No.

CERTIFICATE OF DEATH 124B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1736 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAGGIE KEENE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 44 Months Days If less than one day hr. min.

9. Birthplace Airey Maryland (town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name William Stanley
13. Birthplace Airey, Maryland

MOTHER
14. Maiden Name Mary McCloskey
15. Birthplace Airey, Maryland

16 (a) Informant Mrs. Annie Pickerson
(b) Address 2312 Ontario Rd. Apt. 4 B.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 14 43 (month) (day) (year)
(c) Cemetery or crematory Cambridge
Location Cambridge Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

FEB 14 1943 (Date rec'd by registrar) (By) for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943 at 8 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cirrhosis of liver
Due to Hemorrhage
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-12-43

VS 6

G 01073

BALTIMORE CITY HEALTH DEPARTMENT

G 01023 Registered No.

CERTIFICATE OF DEATH 1943

AB-79518

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2333 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucy Stovall

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?- 1864 ?

8. AGE: Years	Months	Days	If less than one day
78 ?	-	-	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace N.C.

MOTHER
14. Maiden Name Maddie ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location
18 (a) Funeral director Adolphus Hobbs
(b) Address 9 & S Bond Bell Air
19 (a) FEB 1 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7-43 19 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1943 to 2-7 1943, and that I last saw her alive on 2-7 1943.

Immediate cause of death Cerebral embolism — Duration imm. d.

Due to Hypertension A.S.C.V.D. & decompensation

Due to

Other Conditions Gangrene left leg (Including pregnancy within 3 months of death)

Date of operation 2-4-43

Major findings of operation: Gangrene

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Haas
Address Baltimore City Hosp. Date signed 2-11-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 01074 G 01074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3-E-33rd St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3-E-33rd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Delphine Louise Mason

3 (b) If veteran, name war — no —

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm. H. Mason

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) July 30 1866

8. AGE: Years 76 | Months 6 | Days 13 | If less than one day: hr. min.

9. Birthplace Alliance-Ohio
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Frank Francois Mougin
13. Birthplace Canton-Ohio

MOTHER
14. Maiden Name Margaruch Stultz
15. Birthplace Canton-Ohio

16 (a) Informant Wm. H. Mason (husband)
(b) Address 3-E-33-St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 15 43 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Frederick Ave, City

18 (a) Funeral director Edward W. Mongello
(b) Address 108 W. Mount Ave.

FEB 14 1943 (Date received by registrar) Hattie Lee Williams M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943 at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943 to Feb 12 1943, and that I last saw h- alive on Feb. 11, 1943.

Immediate cause of death Senile dementia — Duration

Due to Cerebral arterio sclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Samuel McLane Lay M. D.
Address 108 E. 33rd St. Date signed 2-13-43.

VS 3

C 01075 C 01075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1107 Valley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Joseph Herring, Jr.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-03-7288

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary A. Munsey Herring
6 (c) If alive, give age 29 yrs

7. Birth date of deceased (mo., day, yr.) Jan. 7. 1914

8. AGE: Years	Months	Days	If less than one day
28	1	5	hr. min.

9. Birthplace Baltimore Md (City, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business Penn. R.R.

FATHER
12. Name John J. Herring Sr.
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Louise C. Lombardi
15. Birthplace Baltimore Md.

16 (a) Informant Mr. John J. Herring Sr.
(b) Address 1107 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4430 Belair Road

18 (a) Funeral director Palmer W. Conkling Son
(b) Address 924 E. Eager St.

19 (a) 1943 Received by registrar Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Feb 12 1942, and that I last saw deceased alive on Feb 12 1942.

Immediate cause of death: Subd. Ordinary hemorrhage (Laparotomy) — Duration: 5 week

Due to: Laparotomy Probably due to a carcinomatous deposit

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Confirm clinical diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald J. Roop M. D.
Address Mercy Hospital Date signed 3-12-42

VS 180

C 01076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 01076 / 108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1342 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or ~~town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1343 Argyle ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymon Glenton Bens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 - 1925

8. AGE: Years: 17 | Months: 7 | Days: 20 | If less than one day: hr. min.

9. Birthplace North Thumberland Co (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Julian Bens
13. Birthplace Va

MOTHER 14. Maiden Name Eliza Curry
15. Birthplace Va

16 (a) Informant Daniel B. Bens
(b) Address 1077 Market St Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-43 (month) (day) (year)

(c) Cemetery or crematory
Location Reedsville Va

18 (a) Funeral director Samuel H. Chase Home
(b) Address 638 N. Fulton St

FEB 14 1943 (Date rec'd by registrar) (b) Lexington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13/1943 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11/1943 to 2/13/1943 and that I last saw ~~him~~ alive on 2/13/1943

Immediate cause of death: Lobar Pneumonia — Duration: 8 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 1501 W. Biddle St Date signed 2/13/43

G 01077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 01077 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto. Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 743 Harney St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Strasser

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-4867

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1867

8. AGE: Years	Months	Days	If less than one day
55	7	16	hr. min.

9. Birthplace Balto - June 27 (City, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name Frederick Strasser
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Gartner
15. Birthplace Germany

16 (a) Informant Rosa Strasser Mrs Eugene Daughter
(b) Address 743 Harney St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director William H. Marsh
(b) Address 715 Fulton St Harlem Gen Williamsport, Md

FEB 14 1943 (Date Rec'd by Registrar) (By) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to Feb 12 1943. and that I last saw him alive on Feb 12 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage Accident	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Ogden Pfeiffer M.D.
Address 1213 Light St Date signed 2/12/43

G 01078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01078 Registered No. 944

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Druid Hill
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 Elizabeth Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Nine Nine

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 6 1924

8. AGE: Years	Months	Days	If less than one day
18	6	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Phenias Nine
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz. Mosher
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address St Agnes Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3901 Frederick Ave

18 (a) Funeral director William M Marsek
(b) Address 725 Light St

FEB 14 1943 (b)
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1943 at 4 '05 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 8 1943 to Feb 12 1943, and that I last saw h/ alive on Feb 11 1943.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams, M.D.
M. D.
Address Date signed

G 01079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01079 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 Chelsea Terrace
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Chelsea Terrace
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles O. Disney

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-4838

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Florence Phelps
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1892

8. AGE: Years	Months	Days	If less than one day
50	11	17	____ hr. ____ min.

9. Birthplace Highland, Maryland
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Charles T. Disney
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret E. Wilson
15. Birthplace Md.

16 (a) Informant Mrs. Florence P. Disney
(b) Address 2412 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2.15.43 (month) (day) (year)
(c) Cemetery Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 FEB 14 1943 Hattie Fortney for Williams, M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1943, at 1245 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1943, to Feb. 11 1943 and that I last saw h[illegible] alive on Feb. 11 1943.

Immediate cause of death Coronary thrombosis — Duration 5 days

Due to

Due to Coronary Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Krueger, M.D. M. D.
Address 1402 E. Lanvale St. Date signed

4299792 G 01030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 St. Georges Rd. (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____

3 (a) FULL NAME Elizabeth Dixon

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: Isaac H. Dixon
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1-1-65

8. AGE: Years 78 | Months 1 | Days 11 | If less than one day: hr. _____ min. _____

9. Birthplace N.J. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business _____

FATHER
12. Name Joslah White
13. Birthplace NJ

MOTHER
14. Maiden Name MARY Allen
15. Birthplace N.J.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 15 43 (Month) (day) (year)

(c) Cemetery or crematory Green Mount
Location Fremont ave & Oliver St

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) Feb 13 1943 (b) Registrar Wallace Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943 at 11 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1943 to Feb 12 1943, and that I last saw her alive on Feb 12 1943.

Immediate cause of death Generalized peritonitis — Duration 10 days (?)

Due to perforation large intestine, etiology ?

Due to _____

Other Conditions Old supposed Lupus Erythematosus with Diabetes mellitus (Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Laura L. Lotspeich M. D.
Address Phys. Hopkins Hospital Baltimore, Md. Date signed 2-15-43

42954 61031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. X G 01031 / 74a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 D.

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Elkins (If outside city or town limits, write RURAL and give town)
(d) Street No. Diamond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Janet Goddin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-17-39

8. AGE: Years 3 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace W. Va (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Howard Goddin
13. Birthplace W. Va

MOTHER
14. Maiden Name Virginia Carder
15. Birthplace W. Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15/43 (Month) (day) (year)
(c) Cemetery or Crematory Elkins
Location Elkins W. Va

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 FEB 16 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1943. at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943. to Feb 13 1943. and that I last saw h[illegible] alive on Feb 13 1943.

Immediate cause of death Acute lymphatic leukemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Sulomon M.D.
Address Johns Hopkins Hosp. signed 2/14/43

VS 180

G 01082

JL - 244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

G 01082

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 541 W. West St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Widowed

6 (b) Name of husband or wife Ida (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1875

8. AGE: Years	Months	Days	If less than one day
66	5	?	hr. min.

67

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Elizabeth Woods
15. Birthplace Calvert Co., Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 2-14-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto City

18 (a) Funeral director Harold L. Perry
(b) Address 1084 W Montgomery St

2-12-1943 (b) Hunting for Williams, M.D.
(Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1943, at 7:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1943 to 2-11 1943 and that I last saw him alive on 2-10 1943.

Immediate cause of death Uremia — Duration 4 days

Due to Ca. Prostate

Due to

Other Conditions Arteriosclerotic Heart disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis V. Gal Jr. M. D.

Address Balto City Hosp. Date signed 2-11-43

G 01083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

Registered No. G 01083

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto Md
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 236 N Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Joseph Edward Mahrer

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-8938

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	married Dead

6 (b) Name of husband or wife Nellie V. Ellis
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Sept. 16-1883

8. AGE: Years	Months	Days	If less than one day
60	4	27	hr. min.

9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business John. Bierly & Son

FATHER
12. Name John Mahrer
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Pennock
15. Birthplace Unknown

16 (a) Informant Mrs Nellie V. Mahrer
(b) Address 236 Poppleton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto md

18 (a) Funeral director H. C. Brauning Son
(b) Address 2924 Edmondson Ave

19 (a) Filed by registrar Beatrice Williams (b) Date received 2/15/43

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/12 1943, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2 1943, to 2/12 1943, and that I last saw him alive on 2/12 1943

Immediate cause of death	Duration
Terminal Bronchopneumonia	12 hrs
Due to Congestive Cardiac failure	24 hrs
Due to	
Other Conditions Arteriosclerosis	
Operation declared gangrene 5th toe (Include pregnancy within 3 months of death) left foot	
Date of operation 2/4/43 2/7/43	
Major findings of operation Gangrene 5th toe left foot Raleigh Strangulated Hernia 2/7/43	
Date of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L Krug M.D.
Address Bon Secours Hosp. Date signed 2/12/43 M. D.

G 01084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01084

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 - Calvert
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Allegheny Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Nellie Schuler Treadwell.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	~~M~~ Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date (month, day, yr.) May 2nd 1893 Baltimore Md

8. AGE: Years	Months	Days	If less than one day
49	10	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home Keeper.

11. Industry or business

FATHER
12. Name Harold Schuler.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Amelia Hill
15. Birthplace Maryland.

16 (a) Informant patient - Mrs. Amelia Schuler
(b) Address 309 Alleghaney Ave, Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Maryland.

18 (a) Funeral director John Berna Lone
(b) Address Towson, Maryland.

19 (a) FEB 15 1943 (b) Huntingtown, Calvert Co, Md. Registrar

FEB 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13/43 19 at 9:05 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 19 43 to 2-13 19 43 and that I last saw him alive on 2-13 19 43.

Immediate cause of death	Duration
cardiac insufficiency	
pulsus	
Due to Emphysema of Syph.	
Aortic Disease	
Due to Tuberculosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Chasse M.D.
Address Union Memorial Hospital Date signed 2-13-43

C 01085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

C 01085 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5307 Hamlin Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5307 Hamlin Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas S. Moran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Mary Agnes Moran
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1877

8. AGE: Years	Months	Days	If less than one day
65	7	0	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Plumber

FATHER
12. Name John Moran
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Mary Agnes Moran
(b) Address 5307 Hamlin Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Charles Church Cemetery
Location Pikesville, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 (a) [illegible] (Signature) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1943, at 6.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6 1943, to 2/12 1943, and that I last saw h. alive on Feb 12 1943.

	Duration
Immediate cause of death Pulmonary edema	1 hr
Due to Chronic arterio-sclerosis	3 yrs
Due to Myocardial insufficiency	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Lemmon
Address 4004 Liberty Heights Ave Date signed 2/13/43 M. D.

G 01086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 W Registered No. G 01086

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Oakmont Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4806 Hamner Avenue,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna R. Lottes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W.

6 (b) Name of husband or wife Louis Lottes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/12/1875

8. AGE: Years	Months	Days	If less than one day
67	5	0	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph. Lohr
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Milton Lottes
(b) Address 3701 Oakmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Loring Byers.
(b) Address 2005 Park Heights Ave.

19 (a) FEB 15 1943 Huntington Williams, M.D. Address 4803 Park Heights Ave Date signed 2/15/43

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12, 1943, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from OCT 31 1942 to Feb 12 1943 and that I last saw h alive on Feb 12 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 mos
Due to	
Due to Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington D. Bubert M. D.

VS 8

01087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 01087 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Ave. and Wilkens Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Georgia
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Montgomery St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Calvin Dustin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18 - 1930

8. AGE: Years 12 | Months 4 | Days 26 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Silas T. Dustin
13. Birthplace Maryland

MOTHER — 14. Maiden Name Clara E. Londeen
15. Birthplace Md.

16 (a) Informant Silas T. Dustin
(b) Address Laurel Md R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 43 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Scaggsville Md

18 (a) Funeral director Floyd Lauer
(b) Address Laurel Md

19 (a) (Date filed) (b) Huntington Williams, M.D. Registrar

FEB 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1943 at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1943 to Feb. 13 1943, and that I last saw him alive on Feb. 13, 1943.

Immediate cause of death: Encephalitis — Duration

Due to

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Cerebral Edema

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosberg, M. D.
Address St. Agnes Hosp. Date signed 2/14/43

G 01088

Leon Demontagnac Johnson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 6

Registered No. G 01088

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp'
(c) Hospital or institution Redwood & Green Sts 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md. 27
(If outside city or town limits, write RURAL and give town)
(d) Street No. 651 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Leon Demontagnac Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Student

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/10/1929

8. AGE: Years	Months	Days	If less than one day
13	10	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and State)
10. Usual Occupation Student in Public School
11. Industry or business

FATHER
12. Name Leslie Johnson
13. Birthplace —

MOTHER
14. Maiden Name Bertha Diggs
15. Birthplace Balto. Md

16 (a) Informant Bertha Johnson (mother)
(b) Address 651 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md

18 (a) Funeral director Chas. H. Wolfe
(b) Address 514 N. Calhoun St.

19 (a) FEB 15 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1943, at 5 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1943 to 2-14 1943 and that I last saw h/m alive on 2-14 1943.

Immediate cause of death	Duration
Meningitis	
Due to Meningococcic ??	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Meningitis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Hammond Jr. M. D.
Address Univ. Hosp. Date signed 2-19-43

VS 180

G 01039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

G 01039 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 247 S. Castle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Miros

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11, 1943

8. AGE: Years	Months	Days	If less than one day
			27 hrs min.

9. Birthplace South Baltimore Gen. Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Miros
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Helen Holeugh
15. Birthplace Syracuse N. Y.

16 (a) Informant Edward Miros
(b) Address 247 S. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester St

19 (a) (Date rec'd by registrar) (b) Registrar
FEB 15 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12, 1943, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1943. to Feb 12 1943. and that I last saw him alive on Feb 12, 1943.

Immediate cause of death: atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A Hanemann M. D.
Address 1213 Light Street Date signed 2-13-43

C 01090 C 01090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157B

Registered No. 25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 Fleetwood Ave St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Amelia Marie Reid

If U. S. Veteran specify WAR ...

(a) Residence: No. 3030 Fleetwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Child

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of ...

6. DATE OF BIRTH (month, day, year) 12 h. 1943

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Robert S. Reid

14. BIRTHPLACE (city or town) Turtle Creek, PA.
(State or country)

MOTHER

15. MAIDEN NAME Alta Birt

16. BIRTHPLACE (city or town) Turtle Creek Pa
(State or country)

17. INFORMANT Mr Robert S. Reid
(Address) 3030 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date 2-15 1943

19. UNDERTAKER Leonard J. Rumpf & Bro.
(Address) 5306 Belair Rd.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14. 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan-5- 1943 to Feb-14- 1943

I last saw h.... alive on Feb-13- 1943. Death is said to have occurred on the date stated above, at 5. P. m.

The principal cause of death and related causes of importance were as follows:

Spina Bifida. (congenital).

Duration of onset

Other contributory causes of importance:

Meningitis -

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) J. B. Royle M. D.

(Address) 5217 Hanford Road -

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate should be given. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in very important. See instructions on back of certificate.

G 01091

01091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 56 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 E. Oliver Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Mary C. Greil

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-27-1896

8. AGE: Years	Months	Days	If less than one day
46	3	16	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Clerk. U.S. Government

11. Industry or business

FATHER
12. Name Frank Greil
13. Birthplace Germany

MOTHER
14. Maiden Name Petronilla Probst
15. Birthplace Germany

16 (a) Informant Cecilia Greil
(b) Address 2601 E Oliver St

17 (a) Burial (b) Date thereof 2-16-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Rost
(b) Address 5305 Harford Rd

19 (a) 11/15/43 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1943. 4:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1943 to Feb 13 1943 and that I last saw h&R alive on Feb 13, 1943.

Immediate cause of death
Broncho Pneumonia
post operative
Due to (Supravaginal hysterectomy)

Due to

Other Conditions Sebacote Nephritis
Chronic Pericarditis.
(Include pregnancy within 3 months of death)

Date of operation 2-4-43

Major findings of operations Pedunculated
fibroid of uterus - cystic
of autopsy Broncho-pneumonia

Duration
19 da.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Stanley B. Klyszewicz M.D.
Address St. Joseph's Hosp. Date signed 2-13-43

VS 3

G 01092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01092 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 Bennett Pl
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Bennett Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J Custis

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-22-8721

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Eliza Custis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Thomas Bloxom
13. Birthplace Va

MOTHER
14. Maiden Name Sara
15. Birthplace Va

16 (a) Informant Eliza Custis
(b) Address 1017 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Hayes
(b) Address 1042 Gusties Ave Huntingtown Williams, M.D.

19 FEB 13 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1943 to Feb 12 1943.
and that I last saw him alive on Feb 12 1943.

Immediate cause of death (Enter only one cause per line for a, b, and c.)
(a) Cerebral Hemorrhage — Duration 14 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 2/13/43

VS 3

G 01093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 01093

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hooper's Mills
(c) Hospital or institution: 3502 Parkdale Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2145 Parkdale Ave
(If rural, give location)
(e) Citizen of foreign country? United States (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest U. Wiley

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-0532

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Leola A. Wiley.
6 (c) If alive, give age ° years

7. Birth date of deceased (mo., day, yr.) Aug 30 1884

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	5	22		

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Factory Hand
11. Industry or business Hooper's Mills

FATHER
12. Name Nelson Wiley
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Johnson.
15. Birthplace Md.

16 (a) Informant Leola A. Wiley.
(b) Address 2145 Parkdale Ave

17 (a) Burial (b) Date thereof Feb 15/43
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Good Shepherd.
Location Ellicott City Md.

18 (a) Funeral director Edmondson & Donovan
(b) Address 36 S. Howard St

19 (a) FEB 15 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1943, at 7:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Cause	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 13 1943

G 01094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01094 Registered No. 477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Bypass Park Drive and s[illegible]
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 [illegible] 13
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible] 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 Dellwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM JOHN EBBERT

3 (b) If veteran, name war: Na
3 (c) Social Security Account No. 216-12-7726

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife HELEN RICE
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1893

8. AGE: Years	Months	Days	if less than one day
50	0	2	hr. min.

9. Birthplace BALTIMORE COUNTY, MARYLA (Town, county, and state)
10. Usual Occupation LOCKSMITH
11. Industry or business

FATHER
12. Name John H. Ebbert
13. Birthplace Maryland

MOTHER
14. Maiden Name MARION V. Ambrose
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospi
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

FEB 13 1943

VS 113

12645

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1943 at 9:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1943 to Feb. 11 1943, and that I last saw h[illegible] alive on Feb. 1 1943

Immediate cause of death: Carcinoma of lung, right upper — Duration: Unk
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations: None
of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Cullen M. D.
Address US Marine Hospital Date signed 2/11/43
Baltimore, Maryland.

429686
G 01095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

480

G 01095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1823 Druid Hill (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Obedience Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-03

8. AGE: Years 39 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER 12. Name Henry Bird
13. Birthplace Va

MOTHER 14. Maiden Name Sally Carrington
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1943 (month) (day) (year)

(c) Cemetery or crematory —
Location Lenning, Va.

18 (a) Funeral director Mrs. George A. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) FEB 15 1943 (Date received by Registrar) Arthur Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943 at 5 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943 to Feb 12 1943 and that I last saw her alive on Feb 12 1943

Immediate cause of death Intestinal obstruction — Duration

Due to Carcinoma of cervix uteri, Surgery Wertheim Meigs Op

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2/10/43

Major findings of operation Carcinomatosis of intestinal obstruction

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rufus M. Lacy M. D.
Address Johns Hopkins Hosp. Date signed Feb 13 1943

98 286

G 01096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

G 01096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 Argyle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 Argyle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin Bryan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Eva E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1879

8. AGE: Years	Months	Days	If less than one day
63	8	20	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Thomas Bryan

13. Birthplace St. Mary's Co. Md.

MOTHER 14. Maiden Name Elizabeth Clayton

15. Birthplace St Mary's

16 (a) Informant Eva E. Bryan

(b) Address 1536 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1943 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.

Location Balto. Co. Md.

18 (a) Funeral director Mrs. Lee A. Holland

(b) Address 1 Lexington Hill Ave.

19 (Date rec'd by registrar) FEB 15 1943 (Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1942, to Feb 12 1943, and that I last saw h. alive on Feb 11 1943.

Immediate cause of death Cancer of Throat — Duration Months/Days

Due to Malnutrition

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. Williams Troy, M.D.

Address 1928 Penna. Ave. Date signed 2/13/43

VS 3

G 01097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

Registered No. 44619

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4207 Potter Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Catherine Seybold

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1914

8. AGE: Years 28 | Months 3 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm Reynolday

13. Birthplace Md

MOTHER 14. Maiden Name Not Available

15. Birthplace Md

16 (a) Informant John E Seybold

(b) Address 4207 Potter Ave

17 (a) Cremation (b) Date thereof 2-17-43 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Geo A Tarby
(b) Address Faulkner & Harryman

19 (a) FEB 15 1943 (Date rec'd by Registrar) (b) Hunting for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1943 to Feb 14 1943, and that I last saw her alive on Feb. 14 1943.

Immediate cause of death: Tubercular meningitis — Duration

Due to

Due to

Other Conditions Tubercular peritonitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosberg

Address St. Agnes Hosp. Date signed 2/14/43 M. D.

G 01038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 01038 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Data not known should be stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 E. Chase St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Adam

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: William J. Adam
6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.) Nov. 1st 1879

8. AGE: Years	Months	Days	If less than one day
63	3	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business at Home

FATHER
12. Name Frank O'Connor
13. Birthplace Texas, Md.

MOTHER
14. Maiden Name Catherine Clark
15. Birthplace Manchester England

16 (a) Informant Mr. William J. Adam
(b) Address 1205 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17th 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location 4800 Baltimore Nat. Rd.

18 (a) Funeral director Edwin W. Conklin & Son
(b) Address 1911 E. Eager St.

19 (a) FEB 15 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14th, 1943, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1942 to Feb 11 1943 and that I last saw h[illegible] alive on Feb 11 1943.

Immediate cause of death: Carcinoma Breast
Due to: General Carcinomatosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: —
of autopsy: —

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Hornstein M. D.
Address 733 Lignite St Date signed 2/15/43

VS 3

G 01039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93a

G 01039 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5114 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5114 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Karcher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katherine M. Lee Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1861

8. AGE: Years 81 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Butcher

FATHER
12. Name Karcher
13. Birthplace Unknown

MOTHER
14. Maiden Name Leitz
15. Birthplace Unknown

16 (a) Informant Mrs. Katherine Karcher
(b) Address 5114 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Little
(b) Address 4[illegible] Edmondson Ave

19. FEB 15 1943 (Date received by registrar) (b) Hunting for William M. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12/43, 19 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6, 1943 to Feb. 12, 1943, and that I last saw h[illegible] alive on Feb 11, 1943.

Immediate cause of death Myocarditis (Acute) — Duration 1 day

Due to Acute Bronchitis — 5 days

Due to

Other Conditions Catarrial Hyperpnea — 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Lemmo M. D.
Address 514 Danny Lane Date signed 2/13/43

JL - 79098 G 01100 BALTIMORE CITY HEALTH DEPARTMENT G 01100
CERTIFICATE OF DEATH 61 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo-2da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) Maryland (b) County Baltimore
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Maple Ave. Catonsville, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME B. Margaret Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19, 1893

8. AGE: Years 49 | Months 10 | Days 25 24 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name John Wolfe
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Degante
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Mem. Prk
Location Elkridge, Md.

18 (a) Funeral director S. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) FEB 15 1943 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1943 at 12 N

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1943 to 2-13 1943 and that I last saw alive on 2-13 1943.

Immediate cause of death

Cardiac Insufficiency — Duration ?
Due to Arteriosclerosis Cerebri
Vascular Disease
Due to
Other Conditions Diabetes Mellitus — Duration ?

(Include pregnancy within three months of death)
Date of operation 1-19-43
Major findings of operation Carbuncle
of autopsy By Nick

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald Mitchell, M.D.
Address Balt. City Hosp. Date signed 2-15-43

Hunting for Williams, M

VS 186

G 01101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓108

Registered No. G 01101

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto Md
(b) Street address
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 - N. Amity St.
(If rural give location)
(e) Citizen of foreign country? Russia (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholia E. Brlaky

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 219-16-3130

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Antonina

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER
12. Name Brlaky
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Paul Brlaky
(b) Address 1214 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-43 (month) (day) (year)
(c) Cemetery or crematory St Ignatius Russian Orthodox Catholic Church
Location A. A. Co. Md

18 (a) Funeral director Walter Brooks Bradley Inc
(b) Address 1917 N. Howard Ave

19 (a) FEB 15 1943 (b) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13, 1943, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to Feb 13 1943, and that I last saw him alive on Feb 13 1943.

Immediate cause of death	Duration
Ruptured aneurysm carotid artery	
Due to Hypotension	4
Other Conditions Pneumonia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: (Over)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Barry Robert Lentz
Address Univ Hosp Date signed 2/20/43 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 01102

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 W Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 W Saratoga (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Fossett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	Col	Married	Jas Fossett.	65 years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
58 57			hr. min.

9. Birthplace Accomac Co Va (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER 12. Name	John George
FATHER 13. Birthplace	Va
MOTHER 14. Maiden Name	Caroline —
MOTHER 15. Birthplace	Va

16 (a) Informant Jas W. Fossett
(b) Address 618 W Saratoga
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1943 (Month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location
18 (a) Funeral director Mrs Peter R Williams
(b) Address 322 N Schroeder St
19 (a) (Date received by registrar) FEB 15 1943 Registrar

VS 1 Phoning for Williams, M.F.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1943 at 11:00 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1943 to Feb 10 1943 and that I last saw her alive on Feb 10 1943.

Immediate cause of death	Duration
Chronic Myocarditis	3 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature F. B. Link.
Address 4 North Ave Dorchester Date signed Feb 11

Instructions: Please write plainly, with UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and

G 01103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 01103 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 762 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAGGIE MACKALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Mackall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 | Months | Days | If less than one day hr. min. 70

9. Birthplace Leonardtown Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frank Landsdale

13. Birthplace Leonardstown Md

MOTHER 14. Maiden Name Margaret Campbell

15. Birthplace Leonardstown Md

16 (a) Informant Herbert Sterkliff

(b) Address 762 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-43 (month) (day) (year)

(c) Cemetery or crematory St. Marys Co. Md

Location

18 (a) Funeral director Wm Kates R. Williams

(b) Address 722 W. Lafayette St

19 (a) FEB 13 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12, 1943. at 12 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions Nil

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Nil

of autopsy: Nil

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 2-12-43

YS 6

correct age is especially important. Physicians; please write the causes of death clearly and legibly

G 01104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No. G 01104

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 129 W. Preston St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 129 W Preston St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Etta K Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	colored	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) march 28, 1901

8. AGE: Years	Months	Days	If less than one day
41	11	14	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Domestic Worker

11. Industry or business

FATHER
12. Name Louis Morgan
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Edna Price
15. Birthplace Washington D.C.

16 (a) Informant Rosa Scott
(b) Address 1430 McCulloh St.

17 (a) Burial (b) Date thereof 2-15-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Maryland

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) FEB 15 1943 (b) Washington, D.C.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1943, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943, to Feb 12 1943, and that I last saw h[illegible] alive on Feb 12 1943.

Immediate cause of death	Duration
(a) Lobar Pneumonia	8 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. Julian Jr. M. D.
Address 1411 N. Bakerdale St Date signed 2/15/43

G 01105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1312a

Registered No. G 01105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa C. Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
F	W	

6 (b) Name of husband or wife Henry Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1866

8. AGE: Years	Months	Days	If less than one day
76	2	2	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation House wife
11. Industry or business Home

FATHER
12. Name George Kuhn
13. Birthplace Germany

MOTHER
14. Maiden Name Rosa Whittiman
15. Birthplace Germany

16 (a) Informant Bertram Yeager
(b) Address 3112 Roslin ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feb 15 1943 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore
Location E. North ave

18 (a) Funeral director H. Sandey & Sons Inc
(b) Address North Ave & Broadway.

19 (a) Filed FEB 15 1943
(b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1943, at 5 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~in quest~~ & ~~in question~~ thereon and from the evidence (Autopsy & Inquiry)
obtained by said ~~in quest~~ & ~~in question~~ find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Arteriosclerotic cardio & vascular-renal disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Graham M.D.
Medical Examiner.
Date signed Feb. 13 1943

~~CAUTION: ENTRY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.~~

G 01166 G 01166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 923

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hospital
(c) Hospital or institution: 33rd Street 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 MIN
(e) Length of stay in Baltimore (yrs., mos., or days) 4 MO.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town ~~Baltimore~~ Overlee P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6701 York Road
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs J. Banks Hudson (Louise B.)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Mr J. Banks Hudson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 26, 1884

8. AGE: Years	Months	Days	If less than one day
58	1	18	hr. min.

9. Birthplace Texas
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name DeWitt C. C. Bolinger (D)
13. Birthplace Arkansas

MOTHER
14. Maiden Name Earl Harrison (D)
15. Birthplace Waco, Texas

16 (a) Informant Husband
(b) Address same

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/15/43 (month) (day) (year)
(c) Cemetery or crematory
Location Waco, Texas

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) FEB 15 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1943, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from February 13 1943, to February 13 1943, and that I last saw h?R alive on February 13 1943.

Immediate cause of death Cardiac Failure (Collapse)

Due to Heart Block (total)

Due to Rheumatic Heart Disease

Other Conditions Renal Infarct (Kid)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Mitral Stenosis, Renal Infarct

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Maurland Edward Day M. D.
Address Union Memorial Hosp Date signed Feb 13 1943

JL - 10773 G 01107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01107 / 107 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Blanche P. Baldwin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 65		?	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph S. Baldwin M.D.
13. Birthplace Va

MOTHER
14. Maiden Name Nannie Bissell
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mearkson
(b) Address 805 N. Calvert St.

19 (a) FEB 15 1943 (This date only registration) Huntington Williams, M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1943, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1943 to 2-14 1943, and that I last saw h[er] alive on 2-14 1943.

Immediate cause of death
Cardiac failure
Bronchopneumonia
Due to Sen. arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: as above

Duration
?
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 2-15-43

G 01108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01108 Registered No. 596

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 N. Gilmor Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 N. Gilmor Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife William Johnson

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) March 13 1899

8. AGE: Years	Months	Days	If less than one day
43	10	29	hr. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual Occupation Household

11. Industry or business

FATHER
12. Name Isaac Phenit
13. Birthplace Martinburg, W. Va.

MOTHER
14. Maiden Name Gertrude Smith
15. Birthplace Philadelphia, Pa.

16 (a) Informant Gertrude Smyth
(b) Address 302 N. Gilmor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 12 1943 (month) (day) (year)

(c) Cemetery or crematory Eden Cemetery
Location Philadelphia Penna

18 (a) Funeral director Joseph A. Lowly
(b) Address 4091 Pennsylvania Ave Baltimore Md

FEB 15 1943 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/12 1943, at 0 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1943 to 2/12 1943 and that I last saw her alive on 2/12 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to Arthritis Deformans	Several years
Due to Pneumonia	several weeks
Other Conditions (None)	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard H. Hunt M. D.
Address 1607 W. Mulberry St Date signed 2/12/43

G 01109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832

G 01109 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1923 Homewood Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E Reardon Rowley

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (d) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months — | Days — | If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business Housewife

FATHER
12. Name Daniel Reardon
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Falbey
15. Birthplace Ireland

16 (a) Informant Joseph Rowley Husband
(b) Address 1923 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 16 1943 (month) (day) (year)
(c) Cemetery or crematory St Peters Cemetery
Location

18 (a) Funeral director Mary M Wiedefeld
(b) Address 201 E. 32nd St

19 (a) FEB 15 1943 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1943 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1943 to Feb. 12 1943, and that I last saw her alive on Feb. 11 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 7 days
Due to Arterio-Sclerosis —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ✓
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ✓ at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benj. F. Hayden
Address 3114 Harford Road Date signed 2/14/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and

G 01110

AB-79445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. G 01110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Joseph Jenkins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4-1873

8. AGE: Years	Months	Days	If less than one day
69	8	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Joseph Jenkins
13. Birthplace ?

MOTHER
14. Maiden Name Eliza Reid or Eliza Read
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave. (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1200 Druid Hill Ave

FEB 15 1943 (Date rec'd by registrar)

Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1943 at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1943 to 2-11 1943.
and that I last saw him alive on 2-11 1943.

Immediate cause of death
Carcinoma of Tongue — Duration 11 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Bobb M. D.
Address Balto City Hosp Date signed 2-13-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01111 — Registered No. G 01111

G 01111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Anne's
(c) City or town Chesterton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1 Box 58
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WESLEY HILL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Odessa Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1882

8. AGE: Years 61 | Months 3 | Days 26 | If less than one day hr. min.

60

9. Birthplace Sharptown, Md. (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Samuel Hill
13. Birthplace Sharptown, Md.

MOTHER
14. Maiden Name Anna Brown
15. Birthplace Sharptown Md.

16 (a) Informant Mrs. Odessa Hill
(b) Address Chester, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (month) (day) (year)

(c) Cemetery or crematory
Location Chester, Md.

18 (a) Funeral director Louis Henry
(b) Address Cambridge, Md.

19 (a) 2-15-1943 (Date received) Huntington Williams, M.D. Registrar

FEB 15 1943

VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1943, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Paralysis, respiratory	
Due to Hemorrhage, subarachnoid, spinal cord	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 12, 1943 at M
(c) Where did injury occur? Chesterton, Queen Anne's County, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Junkyard While at work? —
(Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wallenweber M.D.
Medical Examiner.
Date signed 2-15-43

G 01112
42967S

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

G 01112
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St. Mary's
(c) City or town Park Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Curtis White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Myrtle

6 (c) If alive, give age 3.6 years

7. Birth date of deceased (mo., day, yr.) 12-27-95

8. AGE: Years	Months	Days	If less than one day
47	1	16	hr. min.

9. Birthplace Missouri (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Bob White
13. Birthplace Missouri

MOTHER 14. Maiden Name Lillie ?
15. Birthplace Missouri

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Washington Blvd

18 (a) Funeral director Ambrose Funeral
(b) Address 1447 N Franklintown Rd

FEB 15 1943
(Date rec'd by registrar)

Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1943 at 11 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1943 to Feb. 13 1943 and that I last saw him alive on Feb. 13 1943

Immediate cause of death Intestinal obstruction — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2/11/43

Major findings of operation: Ileal obstruction

of autopsy: Perforation of gall bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. C. Sanford
Address Johns Hopkins Hospital Date signed 2/15/43

VS 250

G 01113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 01113 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2841 Miles Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME John Haley

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN 11 - 1890

8. AGE: Years 53 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Michael Fahey

13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen Donachan

15. Birthplace Ireland

16 (a) Informant Thomas Fahey

(b) Address 124 W. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/43 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location

18 (a) Funeral director Chas. J. Evans Son

(b) Address 118 W. Mt. Royal Ave

19. FEB 15 1943 (Date rec'd by Registrar) (b) Hunting for Williams, M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1943 at 10:14 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquiry and that the facts stated from the evidence obtained by said Inspection + Inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Eastman M.D. Medical Examiner.

Date signed Feb. 13 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 32B

Registered No. G 01114

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 Barclay St
(c) Hospital or institution: ——
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ——
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ——

3 (a) FULL NAME Mary A. Tracy

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John V. Tracy

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 28-1852

8. AGE: Years 90 | Months 11 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Michael Quinn
13. Birthplace England

MOTHER
14. Maiden Name Mary Ann —
15. Birthplace England

16 (a) Informant John Tracy
(b) Address 1120 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Chas. F. Evans & Son
(b) Address 118 W. Mt Royal Av.

19 (a) ____ (b) ____
Registrar

FEB 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1943 to Feb. 14 1943 and that I last saw h[illegible] alive on Feb 14 1943.

Immediate cause of death: Coronary thrombosis — Duration: 1 day

Due to: Aftermath of "Grippe" — 3 days

Due to: ——

Other Conditions: Arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Date of operation ——

Major findings of operation: ——

of autopsy: ——

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ——
(b) Date of occurrence —— at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ——

23. Signature Samuel Silberstein M.D.
Address 714 E. Preston Date signed 2/14/43

correct age is especially important. Physicians: please write the causes of death clearly and

G 01115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hosp. for Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Eastport, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Chesapeake Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel Elizabeth Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/17/1895

8. AGE: Years 47 | Months 2 | Days 28 | If less than one day: hr. min.

9. Birthplace Chesterfield, Md. (Town, county, and state)

10. Usual Occupation Married wife

11. Industry or business

INFORMANT / PATIENT

12. Name Benjamin H. Elliott

13. Birthplace Calvert County, Md.

14. Maiden Name Rachel E. Stevens

15. Birthplace Calvert Co., Md.

16 (a) Informant Mr. Benjamin Elliott

(b) Address Eastport, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1943 (month) (day) (year)

(c) Cemetery or crematory Edgewood Chapel

Location Annapolis, Md.

18 (a) Funeral director Miles Funeral

(b) Address 1005 W. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1943, to Feb. 14 1943, and that I last saw h.e.r. alive on Feb. 13 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to generalized Carcinomatosis	
Due to Carcinoma of ovaries (bilateral)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.

Address Hosp. for Women of Md Date signed 2/19/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. G 01116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5802 Hillsdale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5802 Hillsdale Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Alton Seim, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-1989

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Cofer Seim
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) January 3, 1874

8. AGE: Years	Months	Days	If less than one day
69	1	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Wholesale Fruit

FATHER
12. Name Charles Augustus Seim
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Caroline B. Hoffman
15. Birthplace Charlottesville, Va.

16 (a) Informant Mr. C. Alton Seim, Jr.
(b) Address 5713 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miller & Amoroso
(b) Address 1005 W. Baltimore St.

19 (a) FEB 15 1943 (b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1943, at 7.23A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1943 to Feb. 12 1943, and that I last saw him alive on Feb. 12 1943.

Immediate cause of death (a) - Complete Heart Block — Duration 14 days
Due to - Arteriosclerosis
Heart Disease
Due to
Other Conditions - Acute Heart failure & Pulmonary Edema.
(Include pregnancy within 3 months of death) — 24 hours.
Date of operation None
Major findings of operations
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hgts Ave Date signed

G 01117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13

G 01117 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 S. Bethel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (Ukaszewicz) Antonette Ukaszewicz 79648

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Andrew Ukaszewicz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 10, 1869

8. AGE: Years	Months	Days	If less than one day
73	10	1	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Fabian Kaczorowski Vanyan Kaczorowski
13. Birthplace Poland

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Poland

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John J. Weber
(b) Address 461 S. Chester St.

19 (a) (Date rec'd by registrar) FEB 15 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1943 at 7:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1943, to Feb. 11 1943.
that I last saw her alive on Feb. 11 1943

Immediate cause of death	Duration
Miliary tuberculosis	3 mos?
Due to	
Due to (Over)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. S. Harte M. D.
Address Balto City Hosp Date signed 2/12/43

G 01118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 01118 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 S. Bethel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard W. MACHIN.

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1941

8. AGE: Years	Months	Days	If less than one day
1	5	21	20 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Howard A. Machin
13. Birthplace Philadelphia Pa.

MOTHER
14. Maiden Name Stella Lemieux
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Stella Machin
(b) Address 619 S. Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17/43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore Co.

18 (a) Funeral director John M Welsh
(b) Address 404 S. Chester Street

19 FEB 15 1943 (b) Registered by
Hunting for Work

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15/43 at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/3/43 to 2/14 1943, and that I last saw h alive on 2/14/1943.

Immediate cause of death: Lobar pneumonia. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J Wrocieck M. D.
Address 526 S. Bond St Date signed 2/17/43

G 01119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G 01119

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 Fleet (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Brulinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-42

8. AGE: Years 1 | Months - | Days 12 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Casimer Brulinski
13. Birthplace Md

MOTHER 14. Maiden Name Florence Smith
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Welby
(b) Address 404 S. Chester Street

19 (a) (Signature of Undertaker) (b) Huntingtown Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1943 at 5:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1943 to Feb 14 1943 and that I last saw her alive on Feb 14 1943.

Immediate cause of death Pneumo-coccal meningitis (Type 19) — Duration

Due to

Due to

Other Conditions Congenital Heart Disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Solomon
Address Johns Hopkins Hosp. Date signed 2/14/43 M. D.

G 01120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01120 | 3 | a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209-E. Federal Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2209-E. Federal Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Everett Bond Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	Male	White	Married

6 (b) Name of husband or wife Helen (Chasen)
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1/4/1877

8. AGE: Years	Months	Days	If less than one day
66	1	9	--hr. ---min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Gardener
11. Industry or business Robert Garrett Estate

FATHER
12. Name Josiah Bond
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline (Wells)
15. Birthplace Maryland

16 (a) Informant Son-Edward Everett Bond Jr
(b) Address 2209-E. Federal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (month) (day) (year)
(c) Cemetery or crematory Abingdon, Md.
Location Harford Co. Maryland.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1725-Harford Ave.

19 (a) [illegible] (b) Registrar
Date Received FEB 18 1943 Harrington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1943 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1943 to Feb 13 1943
and that I last saw h alive on Feb 10 1943.

Immediate cause of death	Duration
Metal Resurgitation Decompensated	4 d.
Due to Mitral Insufficiency	4 y.
Due to Chr. Ext. Nephritis	4 y.
Other Conditions	4 y.

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw Everett Bond
Address 2818 Harford Av Date signed 2.15.43 M. D.

G 01121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 01121

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 410 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 48 Market Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Nolan 70291

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1873

8. AGE: Years	Months	Days	If less than one day
69	6	29	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name John
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Adams
15. Birthplace Canada

16 (a) Informant Hospital record
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 15 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date received by Registrar) FEB 15 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1943 at 3:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1941 to Jan. 17 1943; and that I last saw h im alive on Jan. 17 1943

Immediate cause of death — Duration

Pulmonary tuberculosis — 1½ yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alexander Steele M.D.
Address 1600 Eutaw Place Date signed Feb 15

VS 150

9821

AB-78237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. 011122

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Mo/12 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 74 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 Linden Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Foster

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife Lillie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25-1849

8. AGE: Years	Months	Days	If less than one day
93	7 6	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business ?

FATHER
12. Name James Foster
13. Birthplace Md.

MOTHER
14. Maiden Name Lena Carter
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL FEB 15 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 FEB 15 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1943 at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1943 to 2-7 1943, and that I last saw him alive on 2-7 1943.

Immediate cause of death Cardiac failure — Duration ?
Due to Arteriosclerotic Atherosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-11-43

VS 150

9822

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-29653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

Registered No. G 01123

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs. 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 730 W. Gilmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Upshur

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2-1871

8. AGE: Years	Months	Days	If less than one day
72	11	31	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Upshur

13. Birthplace Va.

MOTHER 14. Maiden Name Matilda Stevens

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL FEB 15 1943

18 (a) Funeral director Commissioner of Health

(b) Address

FEB 15 1943 (Date received by Registrar) Hamilton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1943 6:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1943 to 1-27 1943 and that I last saw him alive on 1-27 1943.

Immediate cause of death Arteriosclerotic Heart Disease — Duration Chronic

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geoffrey F. Oster M. D.

Address Bal. City Hosp Date signed 2-8-43

VS 189

9823

G 01124

JL - 79388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. G 01124

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 ds
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Tyson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Lane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1886

8. AGE: Years	Months	Days	If less than one day
56	5	29	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Dupont Building

FATHER
12. Name Titus Lane
13. Birthplace ?

MOTHER
14. Maiden Name Mary Lane
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 15 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 15 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5 1943 at 4 09 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1943 to 2-5 1943 and that I last saw him alive on 2-5 1943

Immediate cause of death: Carcinoma of oesophagus — Duration

Due to

Due to

Other Conditions Generalized anteriolosclerosis
(Include pregnancy within 3 months of death)

Date of operation 1-27-43

Major findings of operation: Gastrostomy done

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Henry Stacer M.D.
Address Baltimore City Hosp. Date signed 2/15/43

VS 150

9624

G 01125

BALTIMORE CITY HEALTH DEPARTMENT

T.N 27793

CERTIFICATE OF DEATH

938

Registered No. G 01125

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitlas
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 Eager St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mittie Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Lonzo Hadon (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22/1872 ?

8. AGE: Years	Months	Days	If less than one day
70	8	12	hr. min.

9. Birthplace N.C (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Sidney Kelly (D
13. Birthplace N.C

MOTHER
14. Maiden Name Sarah ? (D
15. Birthplace N.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 15 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 FEB 15 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4 1943 at 5-15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1941 to 2-4 1943 and that I last saw h alive on 2-4 1943

Immediate cause of death: Cardiac failure — Duration: ?

Due to: Arteriosclerotic heart disease — ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: Not one

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. Rathkeen M. D.
Address Balt. City Hosp Date signed 2-10-43

VS 180

9825

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01126 ✓

AB-79123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 E. Chase St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5-1867

8. AGE: Years 75 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name John Hoffman
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Hintz
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave. (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15/43 (month) (day) (year)
(c) Cemetery or crematory Balto Cem.
Location North Ave & Gay St.

18 (a) Funeral director John G. Heller
(b) Address 2334 Jefferson St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

FEB 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1943 at 5 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1943 to 2-12 1943, and that I last saw h[illegible] alive on 2-12 1943.

Immediate cause of death

Cellulitis of Leg & Gangrene — 6 mos

Due to

Arteriosclerotic Cardio Vascular Disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-23-43

Major findings of operation: Arteriosclerosis Gangrene of Leg

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald Poffett M. D.

Address Balto City Hosp Date signed 2-13-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01127 ✓ G 01127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 E. 29th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E. 29th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGIE WINGATE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife John Wingate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1853

8. AGE: Years	Months	Days	If less than one day
90	1	14	hr. min.

9. Birthplace Wicomico Co., Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Jan. 1, 1853

FATHER
12. Name John White
13. Birthplace Wicomico Co., Md.

MOTHER
14. Maiden Name Eleanor
15. Birthplace Md.

16 (a) Informant Thomas W. H. Abbott
(b) Address 3409 N. Calvert St.

17 (a) Removal (b) Date thereof 2/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenhill
Location Greenhill, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

FEB 15 1943
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH Feb. 15, 1943 at 1:02

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to Feb 15 1943, and that I last saw h[illegible] alive on Feb 14 1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation	11 hrs
Due to Chronic Myocarditis with	
Due to Valvular Disease	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael A. Abrams M. D.
Address 2360 Eutaw Place Date signed Feb 15 1943

VS 150

G 01128 ✓ G 01128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4411 Liberty Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4411 Liberty Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabelle H. Watson

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: James L. Watson, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 24, 1871

8. AGE: Years	Months	Days	If less than one day
71	6	21	hr. min.

9. Birthplace: New York City
(Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business

FATHER
12. Name: Henry Whittenbury
13. Birthplace: London, England

MOTHER
14. Maiden Name: Elizabeth Henderson
15. Birthplace: Scotland

16 (a) Informant: Mr. James L. Watson
(b) Address: 4411 Liberty Heights Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/16/43 (month) (day) (year)
(c) Cemetery or crematory: Greenwood Cem.
Location: New York City, N. Y.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19. Filed 2-15-1943 (b) Huntington Williams M.D.
(Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15/43 19 at 6:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 43. 19 43 to Feb 15. 19 43
and that I last saw h[illegible] alive on Feb 14 19 43.

Immediate cause of death: Cardiac thrombosis — Duration 10 hr

Due to: Aortic Aneurysm. — 5 yrs

Due to: Lues — 5 yrs

Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: L. [illegible] Hawkins M. D.
Address 1[illegible] Randall St. Date signed

G 01129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 01129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4644 Rokeby Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4644 Rokeby Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSA A. HUDSON

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Octavus
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 22, 1854

8. AGE: Years	Months	Days	If less than one day
88	9	22	hr. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name: Winstead
13. Birthplace

MOTHER
14. Maiden Name: Mrs. Eutha Hudson
15. Birthplace: 4644 Rokeby Road

16 (a) Informant: Mrs. Eutha Hudson
(b) Address: 4644 Rokeby Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: Feb. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location: Rainswood, Virginia

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: Baltimore, Maryland

FEB 15 1943 (Date rec'd by registrar) (b) Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10, 1943 to Feb. 14, 1943, and that I last saw her alive on Feb. 14, 1943

Immediate cause of death	Duration
Myocarditis	
Due to Acute Bronchitis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Kuntz M. D.
Address 3030 Edmondson Ave. Date signed 2/15/43

G 01130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 01130 Registered No. 13B.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 Calvin Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Calvin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Carey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Westpoint Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Moses Carey
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Va

16 (a) Informant Pathie Bell Moore
(b) Address 1531 E Lombard

17 (a) Removal (b) Date thereof 2-15-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westpoint Va
Location

18 (a) Funeral director Isaiah L. Brown
(b) Address 106 W Montgomery St

19 FEB 15 1943 Huntington Williamsport Md.
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13- 1943, at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Maddrix M.D.
Medical Examiner.
Date signed 2-14-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

G 01131 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5219 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5219 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Stoia

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-8800

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cristina Stoia (Furka)
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept. 2-1888

8. AGE: Years	Months	Days	If less than one day
54	5	8	hr. min.

9. Birthplace Roumania
(Town, county, and state)
10. Usual Occupation Sheet metal worker
11. Industry or business Beth. Steel Co.

FATHER
12. Name Samuel Stoia
13. Birthplace Roumania

MOTHER
14. Maiden Name Anna ?
15. Birthplace Roumania

16 (a) Informant Mrs. Cristina Stoia
(b) Address 5219 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John G. Connelly
(b) Address Essex, Md.

FEB 15 1943 (Registered) by Notary for Williams M.D. Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10 1943, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1943 to 2/10 1943, and that I last saw h[illegible] alive on 2/10 1943.

Immediate cause of death: Carcinoma of Lung — Duration

Due to

Due to

Other Conditions Chr. Nephritis

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation
of autopsy: /

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 4613 Eastern Ave. Date signed 2/13

H. D. P. 1288-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

01132 C-81132

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. Use, Ent of East Hosp. 107 Registered No. .....

CITY OF BALTIMORE: (No. 1214 Entaw Pl. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriett Thomas

(a) Residence: No. Annapolis St., 11-4 Ward. Anne Arundel

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 15-1863

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	6	-	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

17. INFORMANT Florence Thomas

(Address) 2nd & W. N.W. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. N. C. Date 2/15 1943

19. UNDERTAKER W. Ernest Johns

(Address) 1432 U. St. N.W. Wash. D.C.

20. FILED FEB 15 1943 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1943 to Feb. 15, 1943

I last saw h[er] alive on Feb 15, 1943 Death is said to have occurred on the date stated above, at 9:21 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2.8.43
Uremia	
(a)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ... 19...

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) Ernst Bodenheimer M. D.

(Address) 1212 Entaw Place.

INFORMATION MUST BE GIVEN BY PERSON WHO SIGNS CERTIFICATE. Write plainly with pen and ink. Use no abbreviations or characters not generally understood. AGE should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

G 01133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01133 Registered No. 46P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Park Drive & 31st st.
(c) Hospital or institution:
U.S.Marine Hospital, Baltimore, Md. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d.
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6613 Danville Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Irving Alexander

3 (b) If veteran, name war: Span-Amer.

3 (c) Social Security Account No. 717-07-7216

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Grace Pecraft

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 12/28/81

8. AGE: Years 61 | Months 1 | Days 17/16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation car inspector.

11. Industry or business Pa R.R.

FATHER
12. Name Nathan Alexander
13. Birthplace Charlestown, Md.

MOTHER
14. Maiden Name Emma P. Watkins
15. Birthplace Baltimore, Md.

16 (a) Informant Emma A Orr
(b) Address 5203 Bosworth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 317 St Paul St

19 FEB 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943, at 7:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1943, to Feb 14 1943, and that I last saw him alive on Feb 15 1943.

Immediate cause of death: Carcinoma of stomach, with metastases to liver and — Duration: 1 yr.
Due to peritoneum
Due to
Other Conditions Polycystic kidneys
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B Greenlaw
U.S. Marine Hospital M. D.
Address Baltimore, Md. Date signed 2/14/43

G 01134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 01134 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Driveway and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Hds.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Vineyard Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGENE GRIBBIN

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 220-05-5769

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice LeBrun
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1893

8. AGE: Years	Months	Days	If less than one day
49	1	28	hr. min.

9. Birthplace Brooklyn, New York (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Camp Holabird

FATHER
12. Name Eugene Gribbin
13. Birthplace Brooklyn, New York

MOTHER
14. Maiden Name Marie (?)
15. Birthplace Brooklyn, New York

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto. Md.

18 (a) Funeral director Wildman Cook Inc
(b) Address 1362 St. Paul

19 (a) FEB 15 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14, 1943, 5:15p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21, 1943, to Feb. 14, 1943, and that I last saw him alive on Feb. 14, 1943

Immediate cause of death	Duration
Bronchopneumonia, bilateral	Terminal
Due to Carcinoma of Stomach with peri-aortic lymphnode metastases	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: /As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Adelbert Williams, M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 2/15/43

VS 180

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G 01135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178A

G 01135 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 Riverside Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Riverside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Scheverman

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife: Olive Scheverman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 30th 1894

8. AGE: Years	Months	Days	If less than one day
48	2	14	hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Sick Petty Leader
11. Industry or business: U.S. Coast Guard Depot

FATHER
12. Name: Unknown Scheverman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Clara Griggs
15. Birthplace: Virginia

16 (a) Informant: Mrs Olive Scheverman
(b) Address: 1010 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (month) (day) (year)
(c) Cemetery or crematory: U.S. National
Location: Balto Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 E. Paul St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

FEB 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1943 at 4:35 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came Accidental to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Gas Poisoning (Illuminating gas)
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 2/14/43 at 4:35 A.M.
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Illuminating gas inhalation

23. Signature: Hugh B. McNally M.D.
Medical Examiner.
Date signed: 2/14/43.

Please write the correct age is especially important. Physicians: please write the causes of death clearly and

G 01136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 920

G 01136 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 S. Conkling St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Mc Elwee

3 (b) If veteran, name war | (c) Social Security Account No. 213-14-4576

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of ~~husband~~ wife Thelma Mc Elwee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30th 1911

8. AGE: Years	Months	Days	If less than one day
31	8	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W. P. A.

FATHER
12. Name Theodore Mc Elwee
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Moore
15. Birthplace Md.

16 (a) Informant Thelma Mc Elwee
(b) Address 1023 S. Carlings St

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 2/17/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Carmel
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) FEB 15 1943 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943 at 6:46 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1943 to Feb. 14 1943, and that I last saw him alive on Feb. 14 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to Rheumatic C.V. disease & mitral mitral stenosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sigman M. D.
Address University Hosp Date signed 2/14/43

G 01137 ✓ G 01137

BALTIMORE CITY HEALTH DEPARTMENT

MGM 63791

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1870

8. AGE: Years	Months	Days	If less than one day
72	2	12	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Washington
13. Birthplace Pa.

MOTHER
14. Maiden Name Lucy Von Arsdel
15. Birthplace Pa.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 2/16/43 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Gettysburg Pa.

18 (a) Funeral director Wilbur L. Cook Jac
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1943, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9 1943, to 2/13 1943, and that I last saw h[illegible] alive on 2/13 1943.

Immediate cause of death	Duration
CARDIAC DECOMPENSATION	3 mos.
Due to CARDIOVASCULAR RENAL DISEASE	?
Due to	
Other Conditions Pt. has fractured Rt. hip, from which (Include pregnancy within 3 months of death)	2 yrs.

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Mathews

Address Baltimore City Date signed 2/13/43 M. D.

Howard J. Mathews, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correctness is especially important. Physicians: please write the causes of death clearly and legibly.

G 01138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 01138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1808 W. Saratoga St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Baxter

3 (b) If veteran, name war: —
3 (c) Social Security Account No. 218-18-1513

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary A. Baxter
6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) Nov. 2 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	3	13		

9. Birthplace Balto (Town, county and state)
10. Usual Occupation Longshoreman
11. Industry or business Balt City.

FATHER
12. Name Michael Baxter
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hanson
15. Birthplace Ireland

16 (a) Informant Mary A. Baxter
(b) Address 1808 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A A Co

18 (a) Funeral director Bernard C Harlan
(b) Address 1811 E Monument St

19 FEB 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1943, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1942 to Feb 15 1943 and that I last saw h~~e~~ alive on Feb 14 1943

Immediate cause of death	Duration
Myocarditis	
Due to Cardiac dilitation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emory V Long M. D.
Address 729 Wash. Blvd. Date signed 2/16/43

VS 2

correct age is especially important. Physician: please write the causes of death clearly and legibly.

01139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 01139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1838 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1838 E. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E. Denton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband David V. Denton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21st 1872

8. AGE: Years	Months	Days	If less than one day
70	4	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name August Otto
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Gerut
15. Birthplace Germany

16 (a) Informant D. V. Denton
(b) Address 1838 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location 1 E. Randall St

18 (a) Funeral director William Cook Inc
(b) Address 1362 St Paul St Hunting or Williams, M.P.

19 (a) FEB 16 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15th 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to Feb 16 1943, and that I last saw h[er] alive on Feb 15 1943

Immediate cause of death: Cardiac Decompensation — Duration 2 hrs

Due to Senile Myocarditis — 6 mos

Due to arteriosclerosis — 7 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1 E. Randall St Date signed 2/16/43

VS 180

G 01140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G 01140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4738 Old York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4738 Old York Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Reign

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, ~~widowed, or divorced~~ Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 7 1896

8. AGE: Years	Months	Days	If less than one day
46	4	8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housekeeper
11. Industry or business At Home

FATHER
12. Name David M. Reign
13. Birthplace Md

MOTHER
14. Maiden Name Martha W. Thomas
15. Birthplace Md.

16 (a) Informant Miss Fannie Thomas
(b) Address 4738 Old York Rd

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 2/18/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Md
Location

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul ~~Huntington-Middletown, Md~~

19 (a) FEB 16 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 19 43, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 19 43 to Feb 15 19 43, and that I last saw h alive on 19

Immediate cause of death Myocarditis — Duration 1 hr

Due to Chronic Nephritis — 3 yr

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. L. Long
Address 417 Southway Date signed 2-16-43

VS 180

G 011-11

AB-79484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 011-11

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Hrs. 17 Min

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 411 Barnett Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Redmiles (Birth F 6 E 167)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27-1943

8. AGE: Years -; Months -; Days -; If less than one day: 4 hr. 17 min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Wilbur Redmiles

13. Birthplace Md.

MOTHER

14. Maiden Name Florence Ash

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals

(b) Address Records 3. P.M.

17 (a) (Burial, cremation, removal) (b) Date thereof 2-11-43 (month) (day) (year)

(c) Cemetery or crematory Balfi City Hosp

Location 4940 Eastern Ave

18 (a) Funeral director

(b) Address

19 FEB 16 1943 Huntington Williams, M.D.

(Signature) (Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1943, at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1943 to 1-27 1943, and that I last saw him alive on 1-27 1943.

Immediate cause of death: Pulmonary hemorrhage — Duration: 1 day.

Due to: Congenital Atelectasis

Due to:

Other Conditions: Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis L. Gaines M.D.

Address Balto. City Hosp. Date signed 1-30-43

VS 180

G 01142

AB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 01142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 1230 N. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Loretta Coleman (Birth # 3296)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/28/42

8. AGE: Years	Months	Days	If less than one day
	2	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank A Coleman
13. Birthplace Va.

MOTHER
14. Maiden Name Willie Mae Coleman
15. Birthplace N.C

16 (a) Informant Baltimore City Hospitals
(b) Address Records + birth cert.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-12-43 (month) (day) (year)
(c) Cemetery or crematory 3 P.M.
Location Balto City Hosp

18 (a) Funeral director
(b) Address 4940 Eastern Ave

19 FEB 16 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1943, at 9:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 to Jan 15 1943 (Date) and that I last saw h e alive on 19

Immediate cause of death Asphyxiation —

Due to ? asphyxiation of bed

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
15 mins.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-29-43

G 01143
AB-79239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 N

G 01143
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 N. Caroline St.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Girl Green-Twin 'B' (Birth F 67656)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17-1943

8. AGE: Years	Months	Days	If less than one day
-	-	-	21 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Joseph Green
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Kathleen Edwards
15. Birthplace Baltimore, Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, removal) (b) Date thereof 2-11-43 (month) (day) (year) 3 P.M

(c) Cemetery or crematory Baltr City Hosp
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 (a) FEB 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1943 at 9 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1943 to Jan 17 1943, and that I last saw h[illegible] alive on Jan 16 1943.

Immediate cause of death	Duration
Intracranial Hemorrhage	1 day.
Due to Birth injury	1 day
Due to	
Other Conditions Prematurity (Include pregnancy within 3 months of death)	

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis L. Gorin M.D.
M. D.
Address Baltimore City Hosp. Date signed 2-18-43

VS 150

G 01144

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01144 Registered No.

CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 54a Hespeare St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vicent Zasada.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-3278

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Mal	W	Widowed

6 (b) Name of husband or wife Josephine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Stavedore

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Poland

MOTHER 14. Maiden Name Unknown

15. Birthplace Poland.

16 (a) Informant Zasada

(b) Address 832 S Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem. Location Old Harford Hill Road

18 (a) Funeral director Joseph Kasmakas Inc.

(b) Address 607 Washington Blvd

19 (a) FEB 16 1943 (Date received by local registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1943, at 11.55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph B. McNally M.D. Medical Examiner.

Date signed 2/14/43.

V8 4

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01145 Registered No.

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W 40th St
(c) Hospital or institution:
Home for Incurables - 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7yrs 1mo 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md - (b) County
(c) City or town Balto. md -
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Brundige, Miss Flora Belle

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single -

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 13 - 1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	1	13		1854

9. Birthplace Baltimore, md -
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none -

FATHER
12. Name William Brundige
13. Birthplace Balto. md.

MOTHER
14. Maiden Name Sarah Wiley -
15. Birthplace Kent Co. md -

16 (a) Informant Mrs. E. Wharton
(b) Address 700 W 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave., City.

18 (a) Funeral director E Stewart & Manuel Co
(b) Address 108 W North Ave, City.

19 (a) (b) Registrar
Filed FEB 18 1943 Harold J. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1938 to Feb. 15th 1943, and that I last saw her alive on Feb. 9th 1943.

	Duration
Immediate cause of death: Acute Myocardial Insufficiency	10 minutes
Due to: Arteriosclerotic Cardio Vascular Disease	10 years
Due to:	
Other Conditions: Primary Anemia	10 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad Wolff M. D.
Address 11 E. Chase St Baltimore MD. Date signed 2/16/43

G 01146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G 01146
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Howard Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4603 Home ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Samuel A. Shipley

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-18-3603

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Howard Co. Md.
(Town, county, or city)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER 12. Name Harry Shipley
13. Birthplace Md

MOTHER 14. Maiden Name Kirkwood
15. Birthplace Md

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 2-16-43
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery Bath Hebrew
Location Belair Rd

18 (a) Funeral director Louis Levy
(b) Address 1439 E. Balto St

19 (a) (Date received) FEB 16 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 13, 1943, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1943, to Feb 13 1943, and that I last saw him alive on Feb 13 1943.

Immediate cause of death	Duration
PERIPHERAL VASCULAR COLLAPSE	
Due to PNEUMONIA	
Due to	
Other Conditions Diabetes Acute Alcoholism	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Entire Pat Lung involved

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. P. Lantz
Address Sinai Hospital Date signed 2/16/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

G 01147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G 01147 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 Penrose Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Penrose Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard F. Hommerbocker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
M	W.	married	Mabel Monissett Hommerbocker	years

7. Birth date of deceased (mo., day, yr.) May 24, 1901

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	8	20		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Wash. Navy Yard

FATHER
12. Name Frederick Hommerbocker
13. Birthplace Md.

MOTHER
14. Maiden Name Edith F. Carlisle
15. Birthplace Md.

16 (a) Informant Mabel M. Hommerbocker
(b) Address 2002 Penrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17/43. (month) (day) (year)
(c) Cemetery or crematory Western Location Edmondson Ave. & Longwood

18 (a) Funeral director Harry H. Nitkie
(b) Address 4101 E. Monument Ave.

19 (a) FEB 16 1943 (b) Huntington Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 43. 19 at 3:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1943. to Feb 14 1943. and that I last saw h alive on Feb 14 1943.

Immediate cause of death Generalized Carcinomatosis abdominal organs. — Duration Dec 6 1942

Due to original site of cancer

Due to not determined.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec. 1942

Major findings of operation: Generalized Carcinomatosis of abdominal organs.

Autopsy?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Michel

Address 2901 Edmondson Date signed Feb 16 1943 M. D.

G 01148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 01148 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2842 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2842 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma M. Scharmann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	25	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name John Scharmann
13. Birthplace Germany
14. Maiden Name Margaret —
15. Birthplace Germany

16 (a) Informant Rose Naomi Schmidt
(b) Address 2842 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. + Gay St.

18 (a) Funeral director Harry F. Mitzel
(b) Address 401 Edmondson Ave.

FEB 18 1943

Registrar Huntington Williams

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943 19 , at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943 to Feb 14 1943, and that I last saw her alive on Feb 13 1943.

Immediate cause of death: Cerebral hemorrhage
Due to: generalized arteriosclerosis with hypertension.
Due to: Chronic hypertensive Disease - Chronic
Due to: nephritis.

Duration: 3 days; several years.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Mitchell M. D.
Address 2901 Edmondson Date signed Feb 16 1943

G 01149

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01149

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 W. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMMA JACKSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Shelter for the Aged
(b) Address 517 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-43 (month) (day) (year)
(c) Cemetery or crematory Laurel Mem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) FEB 16 1943 (Date rec'd by registrar) Huntington Williams, Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13, '43 19 at 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1940 to Feb 13 1943, and that I last saw her alive on Feby 3 1943

Immediate cause of death Chronic Interstitial Nephritis — Duration 3 yrs

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. C. Pettetier M. D.
Address 817 Hamilton Ave. Date signed Feb 16 43

G 01150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

G 01150
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 Sun Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oregon Brooks

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-2391

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Mary Brooks

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1887

8. AGE: Years	Months	Days	If less than one day
55	11	26	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Brooks
13. Birthplace Md.

MOTHER
14. Maiden Name Sallie Taylor
15. Birthplace Md.

16 (a) Informant Mrs Mary Brooks
(b) Address 3207 Sun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem.
Location A. A. Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 678 W. Biddle St.

19 (a) (Date rec'd by registrar) FEB 16 1943 (b) Hunting for Burial

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13- 1943, at 1.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock —	
Due to	
Due to	
Other Conditions Fractured vertebra. fractured pelvis. Multiple bruises.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/5
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-13-43 at 11 A M
(c) Where did injury occur? Standard Materials Phosphate Co. Curtis Bay Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? yes
(Specify type of place)
(e) Means of injury Crushed between electric car in plant and car rail.

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-14-43

VS 4

Every item of information should be supplied. Do not guess, but if the exact answer is not known, give the best possible answer. Every blank must be filled. Write plainly. Use ink. Underline the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42E

G 01151 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 W. Hill
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 W. Hill St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Love

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Cuthun Love

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1893

8. AGE: Years	Months	Days	If less than one day
49	6	12	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Will Strickling
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Ella Morgan
15. Birthplace Va

16 (a) Informant John Strickling
(b) Address 1051 W Lexington St

17 (a) Burial (b) Date thereof 2-17-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn St
Location Balto City

18 (a) Funeral director Isaiah F. Brownston
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

FEB 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1943, at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2-1943 to 2-12-1943 and that I last saw her alive on 2-11-1943.

Immediate cause of death
Endocarditis

Due to

Due to

Other Conditions V

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A Carper M. D.
Address 1016 N. Sharp St Date signed 2-16-43

G 01152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 01152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 139 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANA FLEMING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Albert N. Fleming

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8th 1918

8. AGE: Years 24 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Cumberland, Ky (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER 12. Name Kelly Dixon

13. Birthplace Ky

MOTHER 14. Maiden Name Unknown

15. Birthplace Ky

16 (a) Informant Albert N. Fleming

(b) Address 139 N. Broadway

17 (a) Removal (b) Date thereof 2/16/43 (month) (day) (year)
(~~Burial, cremation~~ removal)

(c) Cemetery or ~~crematory~~ Cumberland
Location Kentucky

18 (a) Funeral director William Cook Inc

(b) Address 618 10th East St

19 (a) FEB 16 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1943, at 2 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular

Due to Cancer, undetermined

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-15-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 01153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

G 01153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1155 N. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Norman C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 16, 1898

8. AGE: Years 44 | Months 4 | Days 24 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Teacher

11. Industry or business

FATHER
12. Name Wm Garrett
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant: Norman C. Carter
(b) Address 1155 Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16 1943 (month) (day) (year)
(c) Cemetery or crematory: Arbutus Mem. Park
Location: Baltimore Co. Md.

18 (a) Funeral director: Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave.

19 [illegible] 16 1943 (b) [illegible] for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1943 at 8:32 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18-1942 to 2-12 1943, and that I last saw h[illegible] alive on 2-12 1943.

Immediate cause of death Peritonitis — Duration

Due to Seeding rectal Stricture

Due to Undetermined

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Harris M.D.
Address 1207 Caroline St. Date signed 2-15-43

correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

G 01154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 01154 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA HALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. unfound

6 (b) Name of husband or wife John Hall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Alonzo Collins
13. Birthplace Balto

MOTHER
14. Maiden Name Dont Known
15. Birthplace

16 (a) Informant Mrs Mary Wooten
(b) Address 1959 Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17/43 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Wilson Funeral Home
(b) Address 2028 Orleans St

19 (a) FEB 16 1943 (Date rec'd by registrar) Registrar Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1943 at 1 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14 1943 to 2/14 1943. and that I last saw her alive on 2/14 1943.

Immediate cause of death Resp. Failure
Pulmonary edema
Due to Arteriosclerotic Ht. Dis.
Cerebral Vascular Accident
Due to Generalized Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Generalized Arteriosclerosis. Pulm. edema

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saml J. Fenton M. D.
Address Sinai Hosp. Date signed 2/15

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

✓ G 01155 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Underline the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cold Spring Nursing Home
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~5123 Lawnview~~ (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August J Euler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Elizabeth Euler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 1868

8. AGE: Years	Months	Days	If less than one day
74	7 6	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laundry (no card)
11. Industry or business

FATHER
12. Name Henry Euler
13. Birthplace Baltimore

MOTHER
14. Maiden Name Don't Know
15. Birthplace

16 (a) Informant Mrs Lillian Lauterbach
(b) Address 5123 Lawnview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Balto Co Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 1008 Orleans St

19 (a) FEB 16 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1943 to Feb 14 1943 and that I last saw him alive on Feb 13 1943.

Immediate cause of death: cerebral hemorrhage
Due to hypertension
Due to chronic nephritis
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 3-5-43

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Dawn Moorer M. D.
Address 3105 Belair Rd Date signed 2-15-43

G 01156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01156

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. (b) County White Marsh, Md
(c) City or town White Marsh, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Vincent.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife John A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5 1876

8. AGE: Years	Months	Days	If less than one day
67	6	5	hr. min.

9. Birthplace Balto. Co. Md
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Wallis P. Richardson
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Elizabeth Strang
15. Birthplace Balto Co. Md.

16 (a) Informant John A. Vincent
(b) Address White Marsh Md.

17 (a) Burial (b) Date thereof 2 18 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Evergreen Meth
Location Balto. Co. Md.

18 (a) Funeral director Lauraba Funeral Home
(b) Address 7401 Belair Rd Baltimore, Md.

19 (a) FEB 18 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1943, at 5 25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943 to 2/16 1943 and that I last saw h[illegible] alive on 2/16 1943.

Immediate cause of death: Heart failure — Duration
Due to: Hypertension & D. B.
Due to:
Other Conditions: Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Karl A. Hellwinger M.D.
Address St. Joseph's Hosp. Date signed

VS 3

Balto. Md Feb. 16-1943

G 01157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 01157 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave & John St.
(c) Hospital or institution: Hospital for the Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Garrett
(c) City or town Westernport (If outside city or town limits write RURAL and give town)
(d) Street No. 330 Front St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna Marian Paskun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William S. Paskun
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1873

8. AGE: Years	Months	Days	If less than one day
69	6	17	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant William S. Paskun
(b) Address 330 Front St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 43 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Westernport, Md.

18 (a) Funeral director John A. Hudson
(b) 3000 E. Baltimore St.

19 (a) FEB 16 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943, at 1:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1943, to Feb. 15 1943, and that I last saw her alive on Feb. 15 1943.

Immediate cause of death	Duration
Peritonitis, generalized.	6 days
Due to Ascending infection from pelvic floor	6 days
Due to Combined abdomino-perineal resection for	7 days
Other Conditions Carcinoma of rectum	?

(Include pregnancy within 3 months of death)

Date of operation Feb. 9, 1943.
Major findings of operation: Carcinoma of rectum.
of autopsy: Generalized peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl S. Hellijas
Address 1404 Park Ave. Date signed 2/15/43 M. D.

VS 8

G 01158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01158 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 Belgian Ave, Govans
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Belgian Ave, Govans.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith M. Bohannan.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: *****

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9. 1923

8. AGE: Years: 19 | Months: 9 | Days: 4 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Scholle Girl

11. Industry or business

FATHER
12. Name Marshall J. Bohannan
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rhoda E. Caulk
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Marshall J. Bohannan
(b) Address 713 Belgian Ave, Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave, Balto,

18 (a) Funeral director John A. McKew
(b) Address 4201 Greenmount Ave,

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb, 14, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to Feb. 14 1943. and that I last saw h alive on Feb. 12 1943.

Immediate cause of death: Cardiac decompensation — Duration: 1 wk.

Due to

Due to

Other Conditions: Congenital Sclerosis of Lungs; Congenital absence of ribs
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Schneider M. D.

Address 1101 N. Wolfe Ave Date signed 2-15-43

G 01159 ✓ G 01159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 Westgate Rd.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Westgate Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Lydard

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Louis Lydard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1865

8. AGE: Years 77 | Months 4 | Days 27 16 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Ferdinand Hahn
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Sheldt
15. Birthplace Germany

16 (a) Informant LeRoy Lidard
(b) Address 2 Lurette Ave.,

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb. 17, 19 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director E. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) [illegible] (Date received by Registrar) [illegible] Registrar

FEB 18 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14, 1943, at 3.10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1943, to Feb. 14, 1943, and that I last saw her alive on Feb. 13, 1943.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 yr 1 mo
Due to Arteriosclerosis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Casazza M. D.
Address 514 Druid Park Drive **Date signed** 2/16/43

Every item of information should be given if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01160
428636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124 B

G 01160
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Hellertown (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Easton Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Karavdas

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Turkey (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Nicholas Karavdas
13. Birthplace Turkey

MOTHER 14. Maiden Name Mary Kalepopis
15. Birthplace Turkey

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/16/43 (month) (day) (year)
(c) Cemetery or crematory Bethlehem Pa
Location " Pa

18 (a) Funeral director Philip Sterling Sons
(b) Address 2124 Orleans St

19 (a) (Dated rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1943 at 10 A.M 37

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1943 to Feb. 15 1943 and that I last saw him alive on Feb. 15 1943

Immediate cause of death Cirrhosis of the liver — Duration 5-6 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E.C. Thrasher
Address Johns Hopkins Hosp. Date signed 2/16/43

G 01161 ✓ G 01161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 Argyle ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Argyle ave (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3 (a) FULL NAME Hattie V. Nash.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Fem. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Irwin James Nash

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 4-9-91

8. AGE: Years	Months	Days	If less than one day
51	10	6	____ hr. ____ min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Hunter
15. Birthplace Virginia

16 (a) Informant Irwin James Nash
(b) Address 1128 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo B. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) _____ (b) _____ Registrar

FEB 16 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15- 1943, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10- 1942 to 2-15- 1943 and that I last saw her alive on 2-13 1943

Immediate cause of death: Chronic Valvular Heart Disease — Duration: 1 yr.

Due to _____

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature George C. Page
Address 1516 N. Mount St Date signed 2-16-43

C 01162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

C 01162

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 741 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 741 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY S. BROWN

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Samuel J.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 21, 1857

8. AGE: Years: 85 Months: 10 Days: 4 24 If less than one day: hr. min.

9. Birthplace: Port Deposit, Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business:

FATHER
12. Name: Philip Sauter
13. Birthplace: Germany

MOTHER
14. Maiden Name: Rebecca Maxwell
15. Birthplace: Md.

16 (a) Informant: Miss Rebecca Paxton
(b) Address: 741 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (month) (day) (year)
(c) Cemetery or crematory: St. Mary's Cem.
Location: HAMPDEN

18 (a) Funeral director: [illegible] STICKNER & SONS
(b) Address: Balto., Md. for Williams, Md.

FEB 10 1943

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943 at 9a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1942 to Feb 15 1943 and that I last saw h[illegible] alive on Feb 14 1943

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days
Due to: Arterio sclerosis — 8 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Homer C. Todd
Address 735 N. Fulton Ave. Date signed 2/15/43 M. D.

VS 2

correct age is especially important. Physicians; please write the causes of death clearly and legibly

429905

G 01163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01163 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5039 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Calvert Earle Smart

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mabel W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-16-94

8. AGE: Years 48 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace Md. (Balto.) (Town, county, and state)

10. Usual Occupation Private Investigator

11. Industry or business Md. Secret Service

FATHER — 12. Name: David C. Smart

13. Birthplace ?

MOTHER — 14. Maiden Name: Jennie Mathews

15. Birthplace Hampstead Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) FEB 16 1943 (Date filed by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1943 at 5 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to Feb 15 1943 and that I last saw him alive on Feb 15 1943

Immediate cause of death: Myocardial failure — Duration

Due to: Hypertensive cardio-vascular disease.

Due to:

Other Conditions: Uremia, Pneumonia (terminal)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laura L. Brent M. D.

Address The Johns Hopkins Hospital Date signed 2-18-43

Baltimore, Md.

G 01164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G 01164

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (~~years~~, or days) 6 ?
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Hollen Road, Towson
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary A. Dunn

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Jack Dunn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23, 1874

8. AGE: Years	Months	Days	If less than one day
68	5	22	hr. min.

9. Birthplace New Jersey (Bayonne)
(Town, county, and state)
10. Usual Occupation President Baltimore
11. Industry or business Baseball Club

FATHER
12. Name Kane (?)
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Michael Conti
(b) Address 6012 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) FEB 16 1943 (Date received by registrar)
(b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1943, to Feb. 15 1943, and that I last saw her alive on Feb. 15 1943.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Hypertension
Due to Arteriosclerosis
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Kennan Williams M. D.
Address Maryland General Hosp. Date signed Feb. 15, 1943

C 01165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No. C 01165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4501 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. CHARLES W. DIDENHOVER

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1872

8. AGE: Years	Months	Days	If less than one day
70	5	8	hr. min.

9. Birthplace Baltimore Co., Md (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER 12. Name Charles E. Didenhover
13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Lydia Ann Smith
15. Birthplace Anne Arundel Co., Md.

16 (a) Informant Mrs. Lee Pennefeather
(b) Address 4501 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Md

18 (a) Funeral director Jos. J. Fickus & Sons
(b) Address 1307 W. Pennsa Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1943 at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute Cardiac dilatation	
Due to Valvular heart disease mitral stenosis, Rheumatic	
Due to None	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 2-15-43

FEB 16 1943

VS 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

G 01166 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caton & Wilkens Ave

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 410 Mt Holly St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sallie Weidman

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Guy Weidman

(c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Reg Nurse

11. Industry or business

FATHER 12. Name Michael J. Murphy

13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen O Donovan

15. Birthplace Ireland

16 (a) Informant Mrs. Jerome Kelly niece

(b) Address 410 Mt Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director H E Cummings Son

(b) Address 2924 Edmondson Ave

19 (a) Filed FEB 16 1943 Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15 1943 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1943, to Feb 15 1943, and that I last saw her alive on Feb 14 1943.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other Conditions Arteriosclerosis C V-D

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Luther Rawley

Address St. Agnes Hosp. Date signed 2/18/43

G 01167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits write RURAL and give town)
(d) Street No. 1212 B St. SE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES E TREVEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Retired District Clerk

11. Industry or business

FATHER 12. Name Jacob C. Trevey
13. Birthplace Va.

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant G. B. Trevey
(b) Address 907 Maple Ave Rockville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18-43 (month) (day) (year)
(c) Cemetery or crematory Savage
Location Savage Md.

18 (a) Funeral director J. Boyd Lauer
(b) Address 321 Main St Laurel Md.

19 (a) Date received FEB 16 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1943, at 6 02 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 2-15-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 4

G 01168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

G 01168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 S. Norris St
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 43
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name of town)
(d) Street No. 310 S. Norris St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mathilda Weigner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry Weigner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8 - 1883

8. AGE: Years 59 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER 12. Name Henry Galion
13. Birthplace Unknown

MOTHER 14. Maiden Name Celestine McElwee
15. Birthplace Unknown

16 (a) Informant Honeyee R. Hartlove
(b) Address 310 S. Norris St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location City Roll Co. B. M. Walter

18 (a) Funeral director
(b) Address 1904 W. Saratoga St

19 FEB 16 1943 (Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1943 at 2 1/2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1942 to Feb 14 1943, and that I last saw h[illegible] alive on Feb 13 1943.

Immediate cause of death Heart Failure (Chronic)
Due to Rheumatic Heart Disease ?
Due to
Other Conditions Bronchitis Chronic Nephritis.
(Include pregnancy within 3 months of death)

Duration
Years ?
?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Townsend M.D.
Address 910 Broadway Date signed 2/15/43.

VS 3

Please write plainly with unfading ink. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 01169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. C 01169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1542 Moreland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1542 Moreland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER CUTCHIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Nancy F.
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb 25 1875

8. AGE: Years	Months	Days	If less than one day
67	11	20	hr. min.

9. Birthplace Gloucester Co. Va. (Town, county, and state)
10. Usual Occupation Public accountant
11. Industry or business

FATHER
12. Name John R. Cutchin
13. Birthplace Virginia

MOTHER
14. Maiden Name Emmaline Holsday
15. Birthplace Virginia

16 (a) Informant Nancy F. Cutchin
(b) Address 1542 Moreland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17-43 (month) (day) (year)
(c) Cemetery or crematory Pine Grove Cem.
Location Mount Airy Md.

18 (a) Funeral director Manire Cook & Snyder
(b) Address 1600 W. North Ave.

19 FEB 16 1943 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 19 43, at 9 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Cerebral hemorrhage

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wollenweber M.D. (Medical Examiner.)
Date signed 2-15-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 01170

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S. Regester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John maschas

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Aspasea
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Hat cleaner
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Greece

MOTHER
14. Maiden Name unknown
15. Birthplace Greece

16 (a) Informant Mr Leo Caurpas
(b) Address 1721 Bank St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn md

18 (a) Funeral director Albert W Gregg
(b) Address 440 E north Ave

19 Filed FEB 16 1943 Thurlington Williams M.D. (Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1943, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1943 to 2-13 1943 and that I last saw h i PM alive on 2-13 1943

Immediate cause of death acute cardiac failure — Duration

Due to Hypertensive Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Kardash M. D.
Address University Hosp Date signed 2-13-43

01171
JL -78964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

137a

Registered No. C 01171

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7506 Berkshire Rd. Colgate, Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Whittaker

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Florence (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 4, 1873

8. AGE: Years	Months	Days	If less than one day
69	10	13	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Home Farmer
11. Industry or business

FATHER
12. Name ? James Boyd
13. Birthplace Va

MOTHER
14. Maiden Name Ida? Waller Lee
15. Birthplace Va

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18-43 (month) (day) (year)
(c) Cemetery or crematory Farnahan Baptist
Location Richmond County Va.

18 (a) Funeral director Harry R. Thomas
(b) Address 4204 Ridgewood Ave.

19 (a) [illegible] (Registrar) (b) Huntington Williams, M.D. Registrar

FEB 16 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1943, to 2-15 1943 and that I last saw h[illegible] alive on 2-5 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to Hyperpiesia	
Cardio-Vas. disease	
Due to	
Other Conditions B.P.H.	

(Include pregnancy within 3 months of death)
Date of operation 1-21-43
Major findings of operations: B.P.H.
of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Vogel Dr. M. D.
Address Balto City Hosp. Date signed 2-15-43

G 01172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01172 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 S Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 S Potomac St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernard Hetmanski

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen Hetmanski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58	—	—	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jacob Hetmanski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Bendik
15. Birthplace Poland

16 (a) Informant Helen Hetmanski
(b) Address 816 S Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 (a) (Date received) FEB 16 1943 (b) Hunting or Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943. at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to Feb 17 1943, and that I last saw him alive on Feb 13 1943.

Immediate cause of death Arteriosclerotic Hypertensive C.V. Disease
Myocardial Failure

Duration
2-12-43

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edith Cemanek
Address 842 S Ext Ave Date signed 2-15-43 M. D.

G 01173

429618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92c

G 01173

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Bartosz

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-7788

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 3-7-12

8. AGE: Years	Months	Days	If less than one day
30	11	6	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Bartosz
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Martinset
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazqueta
(b) Address 1930 Eastern Ave

19 (a) (Date received by Registrar) FEB 20 1943 (b) Signature of Registrar for Williams M.R. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1943 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1943 to Feb. 13 1943 and that I last saw him alive on Feb. 13 1943

Immediate cause of death	Duration
DIFFUSE rheumatic myocarditis	3 yrs
Due to Pneumonia	
Due to	
Other Conditions Pulmonary Hemorrhage. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy: Myocarditis, Hemorrhage	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard S. C. Thomas
Address Johns Hopkins Hosp. Date signed 2/16/43

G 01174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1310

G 01174 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 431 S Dukeas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 S Dukeas St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rozalia Gardeski

3 (b) If veteran, name war –

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Gardeski (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business at Home

FATHER
12. Name Adam Lezunka
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Frances Dombrowski
(b) Address 431 S Dukeas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozozewski
(b) Address 1980 Eastern Ave

19 (a) FEB 16 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Feb 14 1943, and that I last saw h[illegible] alive on Feb 13 1943.

Immediate cause of death: cardio vascular renal disease — Duration 3

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lorge D. Libby M. D.
Address 1426 Eutaw Pl Date signed 2/16/43

VS 150

G 01175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01175 / 13 B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 162 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eliza Davis 76545

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1910

8. AGE: Years	Months	Days	If less than one day
32	1	20	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Preston Davis
13. Birthplace S.C.

MOTHER
14. Maiden Name Lizzie Kates
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1943 (month) (day) (year)
(c) Cemetery or crematory Wimbrow
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Fulton Ave

FEB 16 1943 Huntington Williams M.D.
(Signature of city registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943 at 1:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 5 1942, to Feb. 14 1943, and that I last saw her alive on Feb. 14 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 6 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Hartz

Address Balto City Hosp Date signed 2/16/43 M. D.

G 01176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 01176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 a
(e) Length of stay in Baltimore (yrs., mos., or days) D.O.A.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(c) Street No. 5626 Gowans Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BESSIE C. HILBERT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband ~~or wife~~ William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 1873

8. AGE: Years	Months	Days	If less than one day
59	5	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name George Weber
FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Sarah Cattens
MOTHER 15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Leona Gochela
(b) Address 5629 Gowans Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Bayer
(b) Address 6201 Harford Rd

19 (a) FEB 16 1943 (Date rec'd by registrar) (b) Hunting of Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1943, at 4 DST M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-15-43

VS 6

G 01177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93D

G 01177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) D.o.a.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 643 N. Highland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Potter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice Potter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 17, 1876

8. AGE: Years: 66 | Months: 3 | Days: 28 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: John J. Potter
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Amanda J. Dukes
15. Birthplace: Maryland

16 (a) Informant: Mrs. Pearl Kindle
(b) Address: 3306 Parkside Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-18-43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location

18 (a) Funeral director: Leonard J. Hunt
(b) Address: 1845 Harford Rd.

19 (a) Filed: FEB 16 1943 (Date rec'd by registrar)
(b) Registrar: for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 15, 1943, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Inspection thereon and from the evidence obtained by said Inquest & Inspection find that said deceased came to death on the day stated above.

Immediate cause of death: Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert Lee Grotenfelt M.D. Medical Examiner.
Date signed: Feb. 16 1943.

VS 6

G 01178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01178

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 S. Glover Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ANTONINA ROSZYK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1864

8. AGE: Years	Months	Days	If less than one day
78	10		hr. min.

9. Birthplace Poznan, Poland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Wotaszak
13. Birthplace Poznan, Poland

MOTHER
14. Maiden Name Catherine Roszynska
15. Birthplace Poznan, Poland

16 (a) Informant Frank Roszyk
(b) Address Aberdeen, Md.

17 (a) Burial (b) Date thereof 2/17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Sons
(b) Address 1808 Eastern Ave

19 (a) FEB 16 1943 (b) Huntington Hillcoat, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1943, at 12-15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943 to Feb 13 1943, and that I last saw h alive on 19

Immediate cause of death

Chronic Myocarditis

Due to

Due to

Other Conditions Broncho-pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Zellor, M. D.

Address 2739 Eastern Ave Date signed 2/15/43

G 01179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 482

Registered No. G 01179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 784 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 784 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Connor.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-16-1899.

8. AGE: Years	Months	Days	If less than one day
43	5	29	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Hattie ?
15. Birthplace Va

16 (a) Informant Rosa Lee
(b) Address 784 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. L. County Md

18 (a) Funeral director Wilkinson & Jackson
(b) Address 916 Pennsylvania ave

19 (a) FEB 16 1943 (b) Hunting for Williamson M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14, 1943 at 5:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June, 1942 to Feb. 1943. and that I last saw her alive on Feb. 11, 1943

Immediate cause of death Carcinoma of cervix

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. R. Campbell M. D.
Address 718 Dolphin St. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9ya

Registered No. G 01180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1331 N. Milton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALEXANDER MACDONALD

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-0240

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1888

8. AGE: Years	Months	Days	If less than one day
54	3	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Steam Fitter Helper
11. Industry or business Davidson Chemical Co

FATHER
12. Name James E. MacDonald
13. Birthplace Md.

MOTHER
14. Maiden Name Barbara Justus
15. Birthplace Md.

16 (a) Informant Mrs. Anna Sales
(b) Address 1331 N. Milton ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick, Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Patti Parkway

19 (a) (Date rec'd) FEB 16 1943 Hunting (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1943, at 11 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-15-43

VS 6

G 01181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 942

G 01181 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1661 Thomas Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1661 Thomas Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Ida Penn

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-01-6463

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Simon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Abraham Jacobson
13. Birthplace Russia

MOTHER
14. Maiden Name Pearl
15. Birthplace Russia

16 (a) Informant Mrs. Silverman
(b) Address 1661 Thomas Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location German Hill Rd

18 (a) Funeral director Jack Segal Inc.
(b) Address 1439 E. Balt. St.

19 (a) [illegible] FEB 16 1943 Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15- 1943 at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to Feb 15 1943. and that I last saw her alive on Feb 15 1943.

Immediate cause of death Coronary Thrombosis — Duration 13 Mo.

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. M. A. Shilling

Address 2352 Eutaw St Date signed 2/15/43

VS 180

G 01182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01182 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) (7) 1 week
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City, town, or location Balto
(c) Street No. 1523 W Lexington.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joyce [illegible] Milburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 - 1942

8. AGE: Years	Months	Days	If less than one day
1	11	17	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jesse Milburn
13. Birthplace Fountain S.C.

MOTHER
14. Maiden Name Alice Burley
15. Birthplace Balto Md

16 (a) Informant Alice Burley
(b) Address 1523 W Lexington St

17 (a) Buried (b) Date thereof 2/16/1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Mt Winans Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) FEB 16 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7/1943 to 2/13/1943.
and that I last saw her alive on 2/13/1943.

Immediate cause of death	Duration
Obstruction of Vom. Tr	
Due to	
Due to	
Other Conditions Pneumonia type	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Lowenstein M. D.
Address University Hosp. Date signed 2/13/43

VS 180

429866 G 01183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 01183

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County HOWARD
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY BARRON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-80

8. AGE: Years	Months	Days	If less than one day
63	0	19	hr. min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual Occupation JAIL WARDEN

11. Industry or business

FATHER
12. Name HENRY WM BARRON
13. Birthplace D.C.

MOTHER
14. Maiden Name SARAH ZEIGLER
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 2-18-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Hyattsville Md

18 (a) Funeral director E. C. Hyattstown
(b) Address Ellicott City Md

19 (a) FEB 16 1943 Hunting Lt Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1943 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to Feb 16 1943, and that I last saw him alive on Feb 16 1943.

Immediate cause of death	Duration
Bronchopneumonia	1 month
Due to	
Due to	
Other Conditions Emphysema Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marjorie Hayes M. D.
Address Johns Hopkins Hosp. Date signed 2-16-43

VS 250

G 01184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1119a

G 01184 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Light St
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Pennington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elmer TALMADGE Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 1 1943

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Elmer Talmadge Sr
13. Birthplace Pa

MOTHER 14. Maiden Name Rose Pelzer
15. Birthplace Pa

16 (a) Informant Mr Elmer Talmadge
(b) Address Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17-43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

FEB 16 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1943, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1943 to 2/14 1943, and that I last saw h[im] alive on 2/11 1943.

Immediate cause of death: Septic infection Lobar pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed

G 01185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01185 Registered No. 126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City or Maryland
(b) Street address Lauvel & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33
(e) Length of stay in Baltimore (yrs., mos., or days) 33 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER J FRIZZELL

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1-81

8. AGE: Years 62 | Months 3 | Days 16 | If less than one day hr. min. 15

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Storekeeper
11. Industry or business Dairy

FATHER
12. Name Wilson Frizzell
13. Birthplace Maryland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Joe Gillian
(b) Address 3317 Georgia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/43 (month) (day) (year)
(c) Cemetery or crematory Freedom
Location Carroll Co. Md.

18 (a) Funeral director Harry Weer
(b) Address Sykesville Md.
(c) Huntington Undertaking Co.

FEB 16 1943
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943 at 2:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Feb. 16 1943 and that I last saw him alive on Feb. 16 1943

Immediate cause of death: Bronchopneumonia — Duration

Due to Cancer — 3 days

Due to

Other Conditions Bronchitis — 1 wk

(Include pregnancy within 3 months of death)

Date of operation 1-18-43

Major findings of operation: Cancer Cholecystitis & Cholelithiasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry J. Offutt M. D.
Address Mercy Hosp Date signed 2/16/43

G 01186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. G 01186

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 McElderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN T. ROBINSON

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923

8. AGE: Years 20 | Months | Days | If less than one day hr. min.

9. Birthplace Anderson, N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name T.C. Robinson
13. Birthplace N.C.

MOTHER
14. Maiden Name alma Carpe
15. Birthplace N.C.

16 (a) Informant T.C. Robinson
(b) Address 1168 McElderry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-17-43 (month) (day) (year)
(c) Cemetery or crematory Lynnville N.C.
Location Lynnville N.C.

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Prestman St.

FEB 17 1943 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1943, at 3 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of chest

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation 2-14-43

Major findings of operation: As above

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Feb 14, 1943 at 8 a M
(c) Where did injury occur? Above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Shot during altercation

23. Signature H. W. Williams M.D. Medical Examiner.

Date signed 2-15-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 01187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓

186a Registered No. G 01187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mpt General Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2907 Edna Highway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie E. White

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1870

8. AGE: Years 72 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name James Mines
13. Birthplace Delaware

MOTHER
14. Maiden Name Anna German
15. Birthplace Delaware

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Laurel Md.

18 (a) Funeral director Charles P. Powell
(b) Address 2407 Edmondson Ave.

19 (Date rec'd by registrar) FEB 17 1943 (Registrar) Hunter for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17- 1943, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9-43 19 , to 2-17 19 43
and that I last saw h alive on 2-17 19 43

Immediate cause of death — Duration

Uremia
Due to Chronic hyper tensive Renal Parenchymal disease

Due to

Other Conditions Fractured femur
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-9-43 at 2:30 PM
(c) Where did injury occur? 2907 Edmondson Hgwy Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down the steps.

23. Signature E. D. Grant M. D.
Address Md. Gen. Hosp. Date signed 2-17-43

The O'Neill-McCormick Hounds & Lineaweaver M.D.

correct age is especially important. Physicians: please write the causes of death clearly and

G 01188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 01188

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 N. Longwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 Glyndon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA FRINDT

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Adolph Rudolph
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan. 3, 1872
8. AGE: Years 71 | Months 1 | Days 12 | If less than one day: hr. min.
9. Birthplace: Hungary (Town, county, and state)
10. Usual Occupation: ---
11. Industry or business: ---

FATHER
12. Name: ---
13. Birthplace: --

MOTHER
14. Maiden Name: Elizabeth Kusmin
15. Birthplace: Hungary

16 (a) Informant: Julius Louis Frindt
(b) Address: 2007 N. Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) FEB 17 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1943, at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9th 1943 to Feb. 15th 1943. and that I last saw h alive on Feb 15th 1943.

Immediate cause of death: Cerebral Embolism — Duration 36 hrs

Due to: Broncho pneumonia — 4 days

Due to: Acute Bronchitis — 3 weeks

Other Conditions: Chr. Myocarditis — 10 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. McDermott
Address 1136 Poplar Grove St. Date signed 2/16/43

01189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 150

G 01189 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Linkens Ave.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Pressbury St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Alice A. Tinley

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-22-7252

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Guy H. Tinley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/8/1890

8. AGE: Years	Months	Days	If less than one day
52	8	7	hr. min.

9. Birthplace Maryland (Baltimore) (Town, county, and state)
10. Usual Occupation clerk
11. Industry or business Hochschild Kohn & Co.

FATHER
12. Name John W. Grindall
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida L. Dempsey
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Mary J. Grindall
(b) Address 3718 W. Garrison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 FEB 17 1943 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943, at 7 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 1943 to Feb 15 1943, and that I last saw her alive on Feb. 15 1943.

Immediate cause of death Generalized Carcinomatosis — Duration

Due to Ca of Gt Orant

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Linkens Pressbury

Address St. Agnes Hosp Date signed 2/18/43

G 01130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01130

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Ashburton Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES LEONARD McMORRIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-1729

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Norma McMorris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-4-13

8. AGE: Years 29 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation AIRCRAFT WORKER

11. Industry or business GLENN L. MARTIN

FATHER
12. Name James Leonard McMorris, Sr
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Shipley
15. Birthplace Maryland

16 (a) Informant Norma McMorris
(b) Address 1716 Ashburton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

FEB 17 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943 at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943 to Feb 16 1943 and that I last saw him alive on Feb 16 1943.

Immediate cause of death: Respiratory Failure

Due to: Lung Abscess

Due to:

Other Conditions: (None)

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry G. O'Brien, M.D.
Address Mercy Hosp. Date signed 2/16/43

VS 180

C 01191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. C 01191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied, as far as possible. Underline the correct answer. Ages, dates and numbers should be written in full. Physicians: please write the causes of death clearly and legibly. Cause of death is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (If outside city or town limits, write RUR. & L. and give town)
(d) Street No. 518 E. Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? Yes, (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl HIERS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 13 - 1943

8. AGE: Years	Months	Days	If less than one day
			12 hr. (Cause Premature) min.

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Marion J. Hiers
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-17-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Roark
(b) Address 5305 Harford Rd

FEB 17 1943 (Date filed by registrar) Huntingtown, Williamsport, Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1943, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6/43 1943 to Feb 13 1943 and that I last saw h.&R. alive on Feb 6 13 1943

Immediate cause of death
Premature birth 6 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration
12hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Stanley B. Mancuso M.D.
Address St. Joseph's Hospital Date signed 2/17/43

01192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43a

Registered No. C 01192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 N. Bentalou st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 N. Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaretha Sayyford

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	None	Female	White	Married

6 (b) Name of husband or wife John B. Sayyford
6 (c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.) Apr. 3 1870

8. AGE: Years	Months	Days	If less than one day
72	10	14	____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Mohrle
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John B. Sayyford
(b) Address 119 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director Robert L. Tullo
(b) Address 2705 Edmondson Ave

19 (a) FEB 16 1943 (Date rec'd by registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16- 1943 at 1:15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held Inspection + Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by Inspection + Autopsy and that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mulders M.D.
Medical Examiner.
Date signed 2-16-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 01193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

C 01193
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) Balto Md. (b) County Baltimore
(c) City or town Belair Ave. Woodbrook, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME: THOMAS LEE FINN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-15-43

8. AGE: Years	Months	Days	If less than one day
—	—	1	hr. min.

9. Birthplace Woodbrook Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name James Finn
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Dorothy B. Worth
15. Birthplace Baltimore Md.

16 (a) Informant Father —
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Maria
Location Towson, Maryland

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) 2-17-1943 (b) Huntington Williams, M.D. Registrar

FEB 17 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1943 to Feb 16 1943, and that I last saw him alive on Feb. 16 1943.

Immediate cause of death	Duration
(a) Anaxemia	
Due to (b) Malnutrition	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Dodd B. Mills M. D.
Address Union Memorial Hospital Date signed 2-16-43

G 01194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 01194

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Mercy Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1647 Chilton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen J. Peterson

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rosalie Peterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 31-1893

8. AGE: Years	Months	Days	If less than one day
49	5	17	hr. min.

9. Birthplace Poland Illinois
(Town, county, and state)
10. Usual Occupation Tavern Keeper
11. Industry or business

FATHER
12. Name —
13. Birthplace Poland.

MOTHER
14. Maiden Name —
15. Birthplace Poland.

16 (a) Informant Rosaline Peterson
(b) Address 1647 Chilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) FEB 17 1943 (Date rec'd by registrar) (b) Huntington Pollhauser, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943, at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy and my inspection find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
coronary occlusion.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 15 1943

VS 6

Use Typewriter. Ink. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly

G 01195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon Rase Towles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1906

8. AGE: Years 36 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Nathan Towles
13. Birthplace Virginia

MOTHER 14. Maiden Name Julia Brown
15. Birthplace Virginia

16 (a) Informant Edna Montague
(b) Address 1918 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A I A Section Lot

18 (a) Funeral director Mrs. R. A. Elliott Vaught
(b) Address 1129 N. Carrollton Ave

19 FEB 17 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943, at 4:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (his) (autopsy or inquiry) thereon and from the evidence obtained by said (autopsy or inquiry) and that said deceased came to (his) death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 15 1943 at 2:00 P M
(c) Where did injury occur? Lombard & Calhoun Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Struck by truck

23. Signature Robert Lee Fratarcangeli M.D. Medical Examiner.

Date signed Feb. 16 1943

V8 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 01196 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 439 N. Carolina Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Patterson

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Annie Patterson

6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1897

8. AGE: Years	Months	Days	If less than one day
45	5 6	1	hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Annie Patterson

(b) Address 439 N. Carolina Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Brantly Lane

19 (a) Filed FEB 17 1943 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16- 1943, at 3 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Myocarditis Degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.

Date signed 2-17-43

V8 6

Fill in correct age in years. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

G 01137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital D.O.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (3)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 916 N. Mount St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Gray

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
51	—	—	hr. min.

9. Birthplace Northumberland Co Va.
(Town, county, and state)
10. Usual Occupation Laborer (Worked for self.)
11. Industry or business

FATHER
12. Name John M. Gray
13. Birthplace Northumberland Co Va

MOTHER
14. Maiden Name Maggie Augusta Wiggins
15. Birthplace Northumberland Co. Va

16 (a) Informant Shadrack Gray
(b) Address 1627 N. 19 St Phila Pa

17 (a) Burial (b) Date thereof 2/19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.
(a) Funeral director Chas H. Bryan Co
(b) Address 927 N. Mount St.

FEB 17 1943
(Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1943, at 11:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1943, to Feb 14 1943, and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to Arteriosclerosis (Chronic)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. E. Campbell M. D.
Address Provident Hospital Date signed 2-17-43

Certificate should be filled out in ink, and information should be complete in every item. Physicians: please write the causes of death clearly and especially important.

G 01198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 E

G 01198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 Shields Pl
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Shields Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian V. Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-1905

8. AGE: Years 37 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Norfolk Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles Long
13. Birthplace Va

MOTHER 14. Maiden Name Hattie Downing
15. Birthplace N.C.

16 (a) Informant John E Matthews
(b) Address 909 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) FEB 17 1943 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1943 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1943 to Feb 14 1943.
and that I last saw h alive on Feb 14 1943

Immediate cause of death

Myocarditis — Duration 5 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Long M.D.
Address 76 W Biddle St Date signed 2-19-43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and

G 01199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

G 01199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DOA. South Baltimore Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 683 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Robert W. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Laura Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26, 1919

8. AGE: Years 23 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Johnson

13. Birthplace Belair, Md

MOTHER 14. Maiden Name Josephine Wilson

15. Birthplace Baltimore, Md

16 (a) Informant Josephine Baker (mother)

(b) Address 887 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1943 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St

19 (a) FEB 17 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1943, 12:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came accidental to death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions: Fracture Humerus Bilateral Fracture Femure Right.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/13/43 at 11:50 PM
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place Streets & Trucks While at work? No (Specify type of place)
(e) Means of injury: Struck by Street Car on right of way

23. Signature Hugh B. Jacobsen M.D. Medical Examiner.

Date signed 2/14/43.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01200 ✓ G 01200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Myrtle Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAMS, MARSHALL James L.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col.	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1942

8. AGE: Years	Months	Days	If less than one day
	10	5	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Joe L. ? Williams, deceased
13. Birthplace ?

MOTHER
14. Maiden Name HATTIE WILLIAMS
15. Birthplace Baltimore

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1943, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943, to Feb 14 1943, and that I last saw him alive on Feb 14 1943.

Immediate cause of death: respiratory failure — Duration:
Due to: generalized tuberculosis — 2 months or more
Due to (or)
Other Conditions ? miliary tbc
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D Saville M. D.
Address Sydenham Hosp. Date signed 2-14-43

15 mo

G 01201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 01201 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2829 Guilford avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2829 Guilford avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CORA D. STEWART

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife William M. Stewart
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1862

8. AGE: Years	Months	Days	If less than one day
81	--	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name George Dimling
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Belle
15. Birthplace Germany

16 (a) Informant Miss Helen Stewart
(b) Address 2829 Guilford avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Eggers Son Inc.
(b) Address 118 N. Mt. Royal Ave

FEB 17 1943 (Huntington Hollins Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 1942 to Feb. 25 1943 and that I last saw h[illegible] alive on Feb. 15 1943

Immediate cause of death: Hypertensive Cardio-Vascular disease — Duration

Due to Pulmonary Congestion

Due to Cerebral Hemiplegia

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. M. Kearney M. D.
Address 1211 Broadway Date signed

correct age is especially important. Physicians: please write the causes of death clearly and

G 01202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The MARGIN RESERVED FOR BINDING age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. RFD #6
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DORIS LaRUE FREYMIER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1939.

8. AGE: Years 3 | Months 6 | Days 0 | If less than one day: hr. min.

9. Birthplace Westminster
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Milton Freyman
13. Birthplace Maryland

MOTHER
14. Maiden name Mary Edna Wolfe
15. Birthplace Maryland

16 (a) Informant Milton Freyman
(b) Address Westminster, Md.

17 (a) Burial (b) Date thereof 2-19-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity Lutheran
Location Smallwood, Carroll Co. Md

18 (a) Funeral director C. M. Walsh
(b) Address Huntingtown, Calvert Co. Md

FEB 17 1943
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943 at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1943 to Feb 16 1943 and that I last saw her alive on Feb 16 1943

Immediate cause of death: Respiratory Failure
Due to: Lobar Pneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry L. Hoffman, M.D.
Address Mercy Hospital Date signed 2/16/43

VS 130

G 01203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G 01203 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Dolphin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Burley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Evelyn Burley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20 1919

8. AGE: Years	Months	Days	If less than one day
23	3	23	hr. min.

9. Birthplace Baltimore, Md (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ellsworth Burley
13. Birthplace Annapolis, Md

MOTHER
14. Maiden Name Pearl Hammond
15. Birthplace Baltimore, Md

16 (a) Informant Pearl Burley
(b) Address 729 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

FEB 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1943, at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased Nov 2 1942 to Feb 11 1943 and that I last saw h living on Feb 11 1943

Immediate cause of death

	Duration
Phthisis Pulmonalis	about 4 mo,
Due to	
Lobar Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S B Hughes M. D.
Address 1443 Druid Hill Ave Date signed Feb 23-43

Correct age is especially important. Physicians: please write the causes of death clearly and fully. The information should be complete. Every item of information should be supplied.

G 01204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01204 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3320 Noble St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles C. Albrent

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-6515

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Irene E.

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) April 25-1904

8. AGE: Years 38 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Wisconsin (Town, county, and state)

10. Usual Occupation Auto Mechanic

11. Industry or business Hutzler Bros.

FATHER 12. Name George Albrent

13. Birthplace Wisconsin

MOTHER 14. Maiden Name Martha Starka

15. Birthplace Wisconsin

16 (a) Informant Irene E. Albrent

(b) Address 3220 Noble street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (day) (month) (year)

(c) Cemetery or Crematory New Cath.

Location Old Frederick Rd.

18 (a) Funeral director John A. Hogan

(b) Address 1000 E. Baltimore St

FEB 17 1943 (Date rec'd by registrar) (b) Huntingdon 1700 Allendale, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943, at 4:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Acute coronary thrombosis, left.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham, M.D. Medical Examiner.

Date signed Feb. 16 1943

V8 6

Every item of information should be given correctly. The correct age is especially important. Physicians: please write the causes of death clearly and fully. Use INDELIBLE INK.

G 01205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42D

G 01205
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 Springfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Springfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Weniger

3 (b) If veteran, name war: ****
3 (c) Social Security Account No. ****

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband *** Joseph Weniger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1868

8. AGE: Years	Months	Days	If less than one day
74	8 10	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Chritopher Hack
13. Birthplace Germany

MOTHER
14. Maiden Name ? Schmidt
15. Birthplace Gremany

16 (a) Informant Mrs Harry Gunzelman
(b) Address 718 Springfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd., Balto.

18 (a) Funeral director John A. Mooney
(b) Address 4201 Greenmount Ave.

19 (a) FEB 17 1943 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1943, at 5 22 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Feb. 16 1943. and that I last saw h. alive on Feb. 15 1943.

Immediate cause of death: Coronary Heart Disease Duration 6 mos.
Due to Arterio-sclerosis generalized
Due to Senile
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Isaac J. Gerwig Jr. M. D.
Address 700 E. Pratt St. Date signed 2/17/43

VS 150

G 01206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 01206 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 E. 28th. St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 429 E. 28th, St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George F. Gaphardt

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 218-07-6918

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sadie Gaphardt
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Aug. 5. 1861

8. AGE: Years	Months	Days	If less than one day
81	6	10	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Md. Drydock & Ship Co,

FATHER
12. Name Christopher Gaphardt
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs Sadie Gaphardt
(b) Address 429 E. 28th. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd, Balto.

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

FEB 17 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1943 at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9 1943 to 2/15 1943.
and that I last saw him alive on Feb 15 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur C Mommsen
Address 801 E North Ave Date signed 2/16/43 M. D.

01207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 01207

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4900 Wright Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Wallace (Colored) (Twins)

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single.

6 (b) Name of husband or wife None.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/11/43.

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)
10. Usual Occupation None.
11. Industry or business None.

FATHER
12. Name Ralph Vernon Wallace.
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Bessie Naomi Bleus.
15. Birthplace Harmony Pennsylvania

16 (a) Informant Mother
(b) Address 4900 Wright Ave
17 (a) To be buried (b) Date thereof B.C.H.D.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 17 1943
18 (a) Funeral director Commissioner of Health
(Address)
19 (a) FEB 17 1943 (b) Wm. Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11-43 1943 at 12 22 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1943 to Feb 11 1943. and that I last saw her alive on Feb 11 1943.

Immediate cause of death: Congenital abitation — Duration 6 hrs.
Due to
Due to
Other Conditions Premature (36 wks) Twin pregnancy.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. David Barbarash M. D.
Address Church Home & Hosp Date signed 2/11/43.

VS 3

9526

G 01208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

G 01208 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet St
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Gilbert (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James V. Stephens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Gay Stephens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24 1876

8. AGE: Years 66 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Martinsburg, W. Va. (Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Chas. H. Tompkins

FATHER
12. Name Thomas Stephens
13. Birthplace Unknown

MOTHER
14. Maiden Name Nancy Snyder
15. Birthplace W. Va.

16 (a) Informant Gay Stephens
(b) Address Gilbert, W. Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 17 43 (month) (day) (year)

(c) Cemetery or crematory Christianburg
Location Montgomery Co., W. Va.

18 (a) Funeral director Weddington Bros Inc
(b) Address 1217 St Paul St

FEB 17 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1943, at 9.50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning. (Accidental)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 2/13/43 at M
(c) Where did injury occur? Pier #4 Pratt St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 2/17/43.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 01209

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If any item cannot be supplied, write "unknown." Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2-16
(e) Length of stay in Baltimore (yrs., mos., or days) 5-2-16

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 East Lehigh Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Mc Loughlin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1872

8. AGE: Years	Months	Days	If less than one day
71	—	—	hr. min.

9. Birthplace Philadelphia Penna (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Daniel Mc Loughlin
13. Birthplace County Down - Ireland

MOTHER
14. Maiden Name Elizabeth Nesbitt
15. Birthplace Londonderry - Ireland

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19/43 (Month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Phila - Pa.

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 1017 W. Mt. Royal Ave.

FEB 17 1943
19 (a) — (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1943 at 8:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Feb. 17 1943 and that I last saw her alive on Feb. 17 1943.

Immediate cause of death	Duration
Dilated arteriosclerosis	1 day
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Damon P. Hayes M. D.
Address 5326 Reisterstown Rd. (Signed)

G 01210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01210
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catalina
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and name town)
(d) Street No. 1500 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Beasie Keech (Bessie Rae Keech)

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband Philemond Wall Keech

6 (c) If alive, give age XXXX years

7. Birth date of deceased (mo., day, yr.) July 4, 1880

8. AGE: Years 62 | Months 7 | Days 12 | If less than one day: hr. min.

9. Birthplace Md. (Baltimore, Md.)
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business NONE

FATHER
12. Name Thos. H. Rea
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Mullins
15. Birthplace Maryland

16 (a) Informant Mr. Rea H. Keech
(b) Address Eden Terrace, Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Edmondson Ave.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 106 W. North Av. (W.F. Wooden, Suc.)

FEB 17 1943
(Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16 1943, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/30 1943 to 2/16 1943, and that I last saw her alive on 2/16 1943.

Immediate cause of death: Arteriosclerotic C-V-D

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosberg, M.D.
Address St. Agnes Hosp. Date signed 2/17/43

G 01211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01211 × 97

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave
(c) Hospital or institution St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town.)
Street No. Paradise & Shady Nook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business

FATHER
12. Name No record
13. Birthplace

MOTHER
14. Maiden Name No record
15. Birthplace

16 (a) Informant William Johnson
(b) Address Hagerstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/43 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cem
Location Hagerstown Md

18 (a) Funeral director Andrew Coffman
(b) Address Hagerstown Md.

FEB 17 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1943, at 4.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27 1943 to 2/17 1943, and that I last saw h[illegible] alive on 2/17 1943.

Immediate cause of death	Duration
Congestive heart failure	3 wks
Due to Arteriosclerosis	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 2/4/43
Major findings of operation: amp. left leg for arteriosclerosis gangrene
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Dwyer M.D.
Address St Agnes Hosp Date signed 2/19/43

01212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134a

Registered No. G 01212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution:
Church Home & Infirmary 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Celia Kendall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Charles Kendall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1898

8. AGE: Years	Months	Days	If less than one day
44	10	17	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Hospital attendant
11. Industry or business Hospital

FATHER
12. Name Adley M. L.
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Bach Frances M.
15. Birthplace Park Hall Md

16 (a) Informant Mrs. M. J. Adley
(b) Address Park Hall Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1943 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel
Location Near Park Hall md.

18 (a) Funeral director J. Willis Wells
(b) Address Chesterfield Road Huntingtown Prince Georges, Md.

FEB 18 1943 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943 to Feb 17 1943, and that I last saw her alive on Feb 17 1943.

Immediate cause of death Pulmonary embolism ?

Due to Pelvic Thrombosis ?

Due to Bromsday to removal of ureteral stone

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

Ureteral Lithiasis

of autopsy

Duration
7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabella Hanson M. D.
Address Church Home & Infirmary Date signed 2-18-43

VS 1

01213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 Registered No. G 01213

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 W Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dan Enoch

3 (b) If veteran, name war

3 (c) Social Security Account No. 410-09-6680

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Della Enoch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60 yrs.			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Iron Worker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Alexander Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Dana Hodges
(b) Address 504 W Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (month) (day) (year)
(c) Cemetery or crematory
Location Alexander Virginia

18 (a) Funeral director Joseph Casunkas Inc.
(b) Address 608 Washington Blvd
Huntington Williams M.D. (Signature of Registrar)

FEB 18 1943 (Date Received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1943 at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death

Due to Pneumonia (Primary)

Due to

Other Conditions Influenza

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis E. Woodman Jr. M. D.
Address Franklin Sq. Hosp. Date signed

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

C 01214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. C 01214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3806 Birchview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 Birchview Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband William F. Schultz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25th 1877

8. AGE: Years	Months	Days	If less than one day
65	3	21	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Henry Kummel
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Fatka
15. Birthplace "

16 (a) Informant Evelyn E. Reese
(b) Address 3806 Birchview Ave

17 (a) Burial (b) Date thereof 2/19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (b) Huntington Williamsport

FEB 18 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1943. 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1942 to 2/16 1943, and that I last saw h[illegible] alive on 2/16 1943

	Duration
Immediate cause of death: CORONARY ARTERY THROMBOSIS	8 Hrs.
Due to: CHRONIC MYOCARDITIS	4 Yrs +
Due to: ARTERIAL HYPERTENSION ARTERIOSCLEROSIS	"
Other Conditions: —	"

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature John A Rasche M.D.

Address 630 Belair Rd Date signed 2/17/43

G 01215 ·

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 944 G 01215

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Woodside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Bell

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-4727

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fanny Bell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30th 1876

8. AGE: Years	Months	Days	If less than one day
66	2	17	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Clerical Work
11. Industry or business Arundel Bge.

FATHER
12. Name Henry Albert Bell
13. Birthplace Md.

MOTHER
14. Maiden Name Helen Holloway
15. Birthplace Md.

16 (a) Informant Mrs Fanny Bell
(b) Address 1820 Woodside Ave Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery Loudon Park
Location Balto Md.

18 (a) Funeral director Wilkinson Cook Inc
(b) Address 1217 St. Paul St.

19 (a) FEB 18 1943 (Date rec'd by registrar) (b) Filed Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16- 1943 at 6.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest did find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mulders M.D.
Medical Examiner.
Date signed 2-17-43

V8 4

Examine carefully, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 01216
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. (Tax-correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1838 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1838 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Pauline Ebling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~ widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Henry Ebling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15th 1868

8. AGE: Years	Months	Days	If less than one day
74	11	1	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Sfy

FATHER
12. Name August Otto
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Gerret
15. Birthplace "

16 (a) Informant Mrs Kenneth
(b) Address 2417 Kildaire Drive

17 (a) Burial **(b) Date thereof** 2/19/43
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery ~~crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 E. Paul St
(c) Huntington Williams Md.

FEB 18 1943
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1943 at 3:15 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Feb. 12 1943 to Feb 16 1943 and that I last saw h~~er~~ alive on Feb 15 1943

Immediate cause of death
Paralytic Stroke — Duration 2 hr
Due to Senile degeneration — 6 mos
Due to Uremia Sclerosis — Days

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Hawkins M. D.
Address 18 Randall Pl **Date signed** 2/17/43

G 01217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B Registered No. G 01217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S. Hanover Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EARL THOMAS JAMES

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War I	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Woolford
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) December 11, 1894

8. AGE: Years	Months	Days	If less than one day
48	2	5	hr. min.

9. Birthplace Blueball, Ark.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William James
13. Birthplace Arkansas

MOTHER
14. Maiden Name Annie Crockett
15. Birthplace Arkansas

16 (a) Informant Records
(b) Address U.S. Marine Hosp., Balto., Md.

17 (a) Burial (b) Date thereof 2/19/43
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto. Md.

18 (a) Funeral director Wilkens Cook Inc
(b) Address 627 St. Paul St

19 (a) FEB 18 1943 Waiting for Williams M.T.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION A.

20. DATE OF DEATH February 16, 1943, at 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10, 1943 to Feb. 16, 1943, and that I last saw him alive on Feb. 16, 1943.

Immediate cause of death	Duration
Laennec's cirrhosis of liver with ascites.	Unknown
Due to Bronchopneumonia due to undetermined cause.	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. S. Bean, M. D.
Address U. S. Marine Hospital Baltimore, Maryland Date signed 2/18/43

VS 150

G 01218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43 c

Registered No. G 01218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 N Monroe
(c) Hospital or institution: 20

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N Monroe st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria J Sabariaud

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30 1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	6	17		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Hynes
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Shields
15. Birthplace Ireland

16 (a) Informant Joseph Sabariaud
(b) Address 204 N Monroe st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director George A Engler
(b) Address Fulton Ave & Fayette

19 (a) FEB 18 1943 Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1943, at 9.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943 to Feb 16 1943, and that I last saw h alive on Feb 15 1943

Immediate cause of death	Duration
Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions Chronic Rheumatoic Arthritis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Seagnetti, M. D.
Address 1729 W Lombard Date signed 2/17/43

VS 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01219

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2939 Walbrook ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2939 Walbrook ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Jacob Goldberg
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Anna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1875
8. AGE: Years 68 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business

FATHER
12. Name David Goldberg
13. Birthplace Russia

MOTHER
14. Maiden Name Esther
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17. Burial (Burial, cremation, or removal) (b) Date thereof 2-18-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Hillen Rd

18 (a) Funeral director Jack Davis
(b) Address 1439 E. Baltimore St

19 (a) Date received FEB 18 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to 2/17/43 19; and that I last saw him alive on 2/16/43 19.

Immediate cause of death Carcinoma of Stomach — Duration? Years?
Due to
Due to
Other Conditions Arteriosclerosis ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Meyer Blum, M.D.
Address 2704 Pres. Rd Date signed 2/17/43

VS 160

G 01220 ✓ G 01220

JL - 78744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo- 22 da
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 W. York St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cordelia Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Milton Jones (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, ? 1873

8. AGE: Years	Months	Days	If less than one day
70 ?	?	?	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Elias Jones
13. Birthplace Va

MOTHER
14. Maiden Name Hattie ?
15. Birthplace Va

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, [illegible]) (b) Date thereof 2 17 43 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director Walter B. Gray
(b) Address 1320 Hamlay St.

19 (a) 2-18-1943 (b) Filed by registrar [illegible]

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1943 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1942 to 2-15 1943, and that I last saw h[illegible] alive on 2-15 1943.

Immediate cause of death: Arteriosclerotic & Syphilitic Heart Disease

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Haas
Address Balto City Hosp. Date signed 2/18/43

G 01221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01221 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 Marshal St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 Marshal St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Thomas Howell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 - 42

8. AGE: Years	Months	Days	If less than one day
	7	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert L. Howell
13. Birthplace Galveston Texas

MOTHER
14. Maiden Name Ida Cravey
15. Birthplace Baltimore Md.

16 (a) Informant Robert L. Howell
(b) Address 1726 Marshal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18-43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Cross Cemetery
Location Ritchie Highway

18 (a) Funeral director Elizabeth Clarke Inc.
(b) Address 115 E. West St.

19 (a) (Date rec'd by registrar) FEB 18 1943 (b) Huntingtown Withheld, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1943, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943, to Feb. 16 1943, and that I last saw h him alive on Feb. 16 1943.

	Duration
Immediate cause of death: Bronchopneumonia	6 days
Due to: Pertussis	10 to 14 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Lyman Hewitt M. D.
Address Date signed

G 01222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55B

G 01222 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2004 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 Wilkens Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES T. Van FOSSEN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	218-09-4791	male	white	married

6 (b) Name of husband or wife Mary A. Van Fossen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/22/1859

8. AGE: Years	Months	Days	If less than one day hr.	min.
83	5	23		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Auctioneer
11. Industry or business N. B. Loeb & Co.

FATHER
12. Name David Van Fossen
13. Birthplace unknown

MOTHER
14. Maiden Name Catherine Kurlinger
15. Birthplace unknown

16 (a) Informant Mrs. Mary A. Van Fossen
(b) Address 2004 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) (b) Registrar

FEB 18 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15/43 19 at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1943, to 2/15 1943, and that I last saw h alive on 2/15 1943.

Immediate cause of death Congestive Heart Failure — Duration

Due to Carcinoma of Breast

Due to Carcinoma of Skin

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Kerman M. D.
Address 1934 Wilkens Ave Date signed 2/16/43

G 01223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13

✓ G 01223 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Jackson 79471

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Giles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1903

8. AGE: Years 39 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace: Pa. (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: Robert Shelton
13. Birthplace: Va.

MOTHER
14. Maiden Name: Ida Bennett
15. Birthplace: Md.

16 (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal): Burial (b) Date thereof 2/19/43 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cem
Location

18 (a) Funeral director: Wm. R. A. Elliott & Son
(b) Address: 1129 N. Caroline St.

19 (a) FEB 18 1943 (Registered by Registrar) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27 1943 to Feb. 15 1943 and that I last saw her alive on Feb. 15 1943

Immediate cause of death: Pulmonary tuberculosis — Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H S Hartz, M.D.
Address Balto City Hosp Date signed 2/17/43

G 01224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01224 Registered No. 93e

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 W West St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. West St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Turner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1867

8. AGE: Years	Months	Days	If less than one day
76	-	-	hr. min.

9. Birthplace St Marys Co Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James Turner
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace / /

16 (a) Informant Paget Turner
(b) Address 112 W. West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location A A Co Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1028 W Montgomery St

19 (a) (b) Registrar
(Date rec'd by registrar) FEB 18 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14/43 19 at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1943 to Feb 14 1943 and that I last saw h alive on Feb 14 1943.

Immediate cause of death [illegible] — Duration 3 hr

Due to Cerebral Hemorrhage — 5 yrs.
Ht Hemiplegia
Due to Atherosclerosis

Other Conditions Cardiac Arrhythmia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allard L Lefferts M.D.
M. D.
Address 872 N. Broadway Date signed 2/17/43

Morgue G 01225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01225 Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. 04.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 N. Greene St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Nicklas (Miklas)

3 (b) If veteran, name war

3 (c) Social Security Account No. 710-09-5281

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Katherine Miklas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1878

8. AGE: Years	Months	Days	If less than one day
64 63	10	16 24	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business B&O. Mt. Clare shops

FATHER
12. Name Martin Miklas
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Susana Dlhy
15. Birthplace Czechoslovakia

16 (a) Informant John Miklas Jr.
(b) Address box 21 Hanover Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Road

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) FEB 18 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943, at 0 24 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or inquiry)
obtained by said inquest find that said deceased came (Autopsy or inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Feb. 16 1943

VS 6

G 01226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73D

G 01226 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 or 18 Colgate Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Priscilla Yamarri

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 3, 1942

8. AGE: Years	Months	Days	If less than one day
2	5	14	hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Yamarri
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Marcy LaRosa
15. Birthplace Ohio

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20/43 (Month, day, year)
(c) Cemetery or crematory Sacred Heart Cemet.
Location German Hill Rd. Dundalk Md.
18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.
19 (Signature and address of local registrar) FEB 18 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1943, at 11:5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1943 to Feb 17 1943, and that I last saw her alive on Feb. 16 1943.

Immediate cause of death: Respiratory failure — Duration
Due to Anemia (Cooley's)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James A. Stegmaier M. D.
Address Mercy Hospital Date signed Feb 19 1943

Le Verne Mortician 17.

G 01227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 01227

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 434 Ilchester Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 434 Ilchester Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Lee Smallwood.

3 (b) If veteran, name war World War.

3 (c) Social Security Account No. 214-12-1070

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife Mabel E Smallwood

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1890

8. AGE: Years	Months	Days	If less than one day
52	5	26	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Retired Police Patrolman

11. Industry or business Western Police Station

FATHER
12. Name John Smallwood.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Martha Smallwood
15. Birthplace Maryland.

16 (a) Informant Mabel E. Smallwood.
(b) Address 436 Ilchester Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb 19/43 (month) (day) (year)

(c) Cemetery or crematory New National
Location Frederick Road.

18 (a) Funeral director Ehrenwell & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) Pennington Williams, M.D. **(b)** Registrar

FEB 18 1943

VS 107

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1943, at 4 16 P. M

21. I certify that death occurred on the date above stated. I last attended deceased from 2/13/43 to 2/16/43, and that I last saw him alive on 2/16/43

Immediate cause Acute Pulmonary Edema — Duration 24 hrs.
Due to Chronic Myocarditis — years.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] **Date signed** 2/18/43

G 01228 ✓ G 01228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Dakto (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Jonas H. Birmingham

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 22nd 1857

8. AGE: Years	Months	Days	If less than one day
86	0	24	hr. min.

9. Birthplace Lexington Va. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name Christopher Birmingham
13. Birthplace Unknown

MOTHER 14. Maiden Name Nancy Harris
15. Birthplace Unknown

16 (a) Informant Mary E. Newhall
(b) Address 504 Allendale St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Buena Vista
Location Virginia

18 (a) Funeral director Wilson Bok Sec
(b) Address 1249 St. Paul St

19 (a) FEB 18 1943 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16/43 1943, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/4 1943, to 2/16 1943, and that I last saw h on alive on 2/16 1943.

Immediate cause of death pulmonary edema — Duration 10 days

Due to cardiac decompensation

Due to

Other Conditions fractured left hip (reduced 2 wks) (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident, probably
(b) Date of occurrence 2-3-43 at 7 M
(c) Where did injury occur? Home probably (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury? Fell.

23. Signature Morton L. Hamburger M.D.
Address Sinai Hosp. Date signed 2/16/43

Howard J. Meserve, M.D.

VS 2

G 01229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 63B

G 01229 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 William + Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 Normount Ter. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Eliza Hause

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife: Robert L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	10	16		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Gottleib Hartman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Streeter
15. Birthplace Germany

16 (a) Informant Mr. Robert L. Hause
(b) Address 3602 Eversley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

FEB 18 1943 (Local registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1943 at 12:5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1943 to 2/17 1943 and that I last saw h[illegible] alive on 2/17 1943

Immediate cause of death Thyroid Storm — Duration 1 day

Due to Thyroidectomy 2/16/43

Due to

Other Conditions Diabetes, Hypertension
(Include pregnancy within 3 months of death)

Date of operation 2/16/43

Major findings of operation: Toxic Adenoma Thyroid

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J R Owens MD

Address St Agnes Hosp Date signed 2/17/43 M. D.

G 01230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G 01230

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Market Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Landin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1871

8. AGE: Years 71 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Samuel Landin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jarad ?
15. Birthplace Baltimore Md.

16 (a) Informant Howard W. Madeen
(b) Address 1101 Homestead st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md

(d) Funeral director Maynard D. Caughey
Address 2425 W. Lanvale St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1943, at 11 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said ~~inquest~~ autopsy and that said deceased came to ~~his~~ her death on the day stated above.

Immediate cause of death: arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 16, 1943

FEB 18 1943

G 01231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 01231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Gloucester Co., Gum Fork
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM ARTHUR LEE

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1887

8. AGE: Years	Months	Days	If less than one day
55	5	2	hr. min.

9. Birthplace Gloucester County, Va.
(Town, county, and state)
10. Usual Occupation Captain
11. Industry or business

FATHER
12. Name William E. Lee
13. Birthplace Virginia

MOTHER
14. Maiden Name Lucy White
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Gloucester C. Va.
18 (a) Funeral director Mrs. Geo. W. Hulbert
(b) Address 1631 Druid Hill Ave.
FEB 18 1943 (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1943, 2:35p M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1943 to Feb. 17, 1943, and that I last saw h im alive on Feb. 17, 1943

Immediate cause of death	Duration
Nephrosclerosis	Unk
Cardiac Hypertrophy	Unk
Due to Malignant hypertension	Unk
Due to	
Other Conditions Fibrinous Pericarditis	Unk

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Duncan Y. Gledhill
Address US Marine Hospital, Baltimore, Maryland. Date signed 2/19/43

44216

G 01232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1710

Registered No. C 01232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Bennett Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Lokes Lokes

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-3025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Mal	Negro	Married

6 (b) Name of husband or wife Lydia Lokes
(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) February 13, 1888

8. AGE: Years	Months	Days	If less than one day
55	0	3	hr. min.

9. Birthplace St Mary Maryland
(Town, county, and state)

10. Usual Occupation Conductman. Maryland
11. Industry or business Casualty Company

FATHER
12. Name Jim Lokes
13. Birthplace St Mary Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Lydia Lokes
(b) Address 1015 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 22 1943 (month) (day) (year)
(c) Cemetery or crematory St Aloes Cemetery
Location St Mary County Md

18 (a) Funeral director Joseph A. Lively
(b) Address 419 N Mount Street

FEB 18 1943 (Date rec'd by registrar) (b) Huntingtor Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16- 1943, at 6.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Shock	
Fractured ribs, clavicle	
Due to and arm	
Ruptured Kidney.	
Due to	
Other Conditions Multiple Bruises, Lacerations & abrasions.	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: yes	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/7
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-16-43 at 10.35 P M
(c) Where did injury occur? 30th St. Remington Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by truck
23. Signature Howard J. Andrews M.D.
Medical Examiner.
Date signed 2-17-43

VS 6

Berger

G 01233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01233

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied, as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clem C Smith

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 213-09-808

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hessie Smith
6 (c) If alive, give age: 37 years
7. Birth date of deceased (mo., day, yr.): April 10, 1900
8. AGE: Years: 42 43 | Months: 10 9 | Days: 5 | If less than one day: hr. min.
9. Birthplace: Montgomery Co. N. C (Town, county, and state)
10. Usual Occupation: Auto Mechanic
11. Industry or business:

FATHER
12. Name: Noah Smith
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Hasatte Williams
15. Birthplace: North Carolina

16 (a) Informant: Hessie Smith
(b) Address: Ritchie Highway. A.A. Co

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (month) (day) (year)
(c) Cemetery or crematory: Hamly's M. E.
Location: Hamly's North Carolina

18 (a) Funeral director: Thos. J. Kenny
(b) Address: 16 or Holliday Baltimore Md.

19 (a) (b) Hunting or Hillsboro

FEB 18 1943
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943 at 11:35 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Coronary thrombosis, right

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Feb. 16 1943

G 01234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01234

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Dunbeland & Rayner
(c) Hospital or institution: WBGH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Green Haven, Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Easter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/43

8. AGE: Years	Months	Days	If less than one day
		1	3 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George C. Easter Jr.
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Margaret Lynch
15. Birthplace Balto., Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 18 1943 Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 18 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16 1943, at 8 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1943 to 2/16 1943 and that I last saw h[illegible] alive on 2/16 1943.

Immediate cause of death: Pulmonary Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Brian M. Chechet M.D.
Address WBGH Date signed 2/17/43.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

VS 2

9827

G 01235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 01235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use additional sheet if necessary. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Rosalie (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Dickenson

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World War #1	216-01-7435	M	W	Married

6 (b) Name of husband or wife Bernice A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1893

8. AGE: Years	Months	Days	If less than one day
49	5	22	hr. min.

9. Birthplace PA. (Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business Eastern Aircraft

FATHER
12. Name George Gallagher
13. Birthplace Pa

MOTHER
14. Maiden Name Catherine Dickenson
15. Birthplace Pa

16 (a) Informant Mrs. Bernice Dickenson
(b) Address 2916 Rosalie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location

18 (a) Funeral director Leonard J. Hurst
(b) Address 5305 Harford Rd.

19 FEB 18 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1943, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1943 to 2-17 1943 and that I last saw him alive on 2-17 1943.

Immediate cause of death	Duration
Acute Myocardial infarction	1 day
Due to	
Due to	
Other Conditions Healing myocardial infarction (Include pregnancy within 3 months of death)	6 wks

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Donnegan
Address W. B. Dam Hosp. Date signed 2/17/43

VS 3

G 01236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

✓ G 01235

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2700 Boone St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Boone St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nannie May Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of ~~husband or wife~~ Harry D. Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12th 1883

8. AGE: Years	Months	Days	If less than one day
59	2	3	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Thomas Owings
13. Birthplace Md

MOTHER
14. Maiden Name Hester (Unknown)
15. Birthplace Md.

16 (a) Informant Harry D. Hill
(b) Address 2706 Boone St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Pikesville Md.

18 (a) Funeral director Hilleary Bolt Inc
(b) Address 127 St. Paul St

19 (a) (Undertaker) (Huntington Williams, M.D.) (Address)

FEB 18 1943

VS 15F

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17th 1943 at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1942 to Feb. 17, 1943 and that I last saw her alive on Feb. 17, 1943

Immediate cause of death	Duration
Acute Myocardial dilatation	Immediate
Due to Coronary Thrombosis	6 months
Due to Hypertension Cerebral hypoxia	1 year 2 months
Other Conditions Left hemiplegia	2 months

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Frank H. Ogden. M. D.

Address 2701 N. Calvert. Date signed Feb 14/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01237 46B Registered No. G 01237

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly, as the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2055 Rockrose Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2055 Rockrose Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Martin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Charles Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29th 1877

8. AGE: Years	Months	Days	If less than one day
65	1	17	hr. min.

9. Birthplace Winfield Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name David Bride
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Susan Conley
15. Birthplace Carroll Co. Md.

16 (a) Informant Pearl Yeaman
(b) Address 531 N. Lakewood Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Ebenezer
Location Carroll Co. Md.

18 (a) Funeral director Wm Bork Inc
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) Hunting to Williamsport, Md.

VS Form FEB 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1943 2-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942 to Feb 16 1943 and that I last saw h[er] alive on Feb 15 1943

Immediate cause of death Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Yeaman M. D.
Address 4037 Falls Rd. Date signed 2/18/43

01238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

G 01238
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked and correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. + Linden Ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 East North ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Carrie Belle Christopher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Williams Christopher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1874

8. AGE: Years	Months	Days	If less than one day
68	3	11	hr. min.

9. Birthplace Pennsylvania Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Respress
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Virginia

16 (a) Informant Wm. A. Christopher
(b) Address 2230 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Wilson Bock Co.
(b) Address 1 W. Saratoga St.

19 (a) FEB 18 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1943, at 11:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1943 to 2/17 1943, and that I last saw her alive on 2/17 1943.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Hypertensive Cardio-Renal Disease	
Due to	
Other Conditions Chronic Cholecystitis & Cholelithiasis (Include pregnancy within 3 months of death)	

Date of operation 2/15/43

Major findings of operation: Chronic Cholecystitis & Cholelithiasis (Cholecystectomy)

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. General Hosp. Date signed 2/17/43

VS 3

G 01239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9-14
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3426 University Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine M. Cameron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas D. Cameron
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1883

8. AGE: Years	Months	Days	If less than one day
59	5	3	hr. min.

9. Birthplace New York City (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Norman MacDonald
13. Birthplace Scotland

MOTHER
14. Maiden Name Sarah B Eby
15. Birthplace New York City

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) FEB 19 1943 Registrar's Signature Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1943, at 7 A. M. 05

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Feb 18 1943, and that I last saw her alive on Feb. 18 1943

Immediate cause of death

	Duration
Carcinoma of the head of the Pancreas	1 yr.
Due to Cholelithiasis	1 yr.
Due to	
Other Conditions Paranoia	9 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Adams M. D.
Address 3326 Eutaw Place Date signed

JL G 79528 240

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01240

CERTIFICATE OF DEATH 82

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leo Vogel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1903

8. AGE: Years	Months	Days	If less than one day
39	8	14	hr. min.

9. Birthplace Mich (Town, county, and state)

10. Usual Occupation Handy Man

11. Industry or business

FATHER
12. Name Frank Vogel
13. Birthplace Mich

MOTHER
14. Maiden Name Annie Umler
15. Birthplace Mich

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Interment (Burial, cremation, removal) (b) Date thereof 2-20-1943 (month) (day) (year)
(c) Cemetery or crematory
Location Detroit Michigan

18 (a) Funeral director Leo D. Leask
(b) Address 201-03 N. Patterson Park Ave

19 (a) Filed FEB 19 1943 (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1943, to 2-17 1943, and that I last saw him alive on 2-17 1943.

Immediate cause of death: Spinal cord block about 6th Cervical vertebra Considering below that due to Kidney involvement

Due to

Due to

Other Conditions Mario Stumpel's disease (Include pregnancy within 3 months of death)

Date of operation 2-7-43

Major findings of operation: Spinal block about 6th Cervical

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harvey Howe M. D.
Address Bolton City Apts. Date signed 2-17-43

G 01211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01211 Registered No. 122B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 Mangold St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Dec
(e) Length of stay in Baltimore (yrs., mos., or days) 1½

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 834 Mangold St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry P. Gould
3 (b) If veteran, name war
3 (c) Social Security Account No. 171-12-1085

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Md

6 (b) Name of husband or wife Elizabeth Gould
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/1885

8. AGE: Years	Months	Days	If less than one day
57	11	2022	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Quantities worker
11. Industry or business

FATHER
12. Name ?
13. Birthplace Va

MOTHER
14. Maiden Name Katie Dorsey
15. Birthplace Va.

16 (a) Informant Elizabeth R. Gould
(b) Address 834 Mangold St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1422 Light St

19 FEB 19 1943 (Date received by registrar) (b) Huntington Williamsport, Pa

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1943 at 10 23 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16, 1943 to Feb 17, 1943, and that I last saw h alive on Feb 17, 1943

Immediate cause of death Peritonitis
+ Paralytic Ileus

Due to Perforation of Intestine

Due to Gangrenous Ulcerative Colitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb 16, 1943

Major findings of operation: Gangrenous Ileum + Large Bowel

of autopsy Gangrenous Ulcerative Colitis

Duration
3 days
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Flanigan
Address Mercy Hosp. Date signed 2-17-43

Wrong G 01242 ✓ G 01242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Bethlehem-Fairfield Shipyard infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Andre St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Henry G. Heck

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 217-03-8428

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie Rogers Heck
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) June 5. 1902

8. AGE: Years	Months	Days	If less than one day
40	8	13	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Ship Yard Worker
11. Industry or business

FATHER
12. Name Geoge Heck
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Windish
15. Birthplace Germany

16 (a) Informant Marie Rogers Heck
(b) Address 1317 Andre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Md.

18 (a) Funeral director Flynn & Flanigan
(b) Address 1424 Light St.

19 (a) ..... (Date received by Registrar) (b) Thurlington Williams M.D. Registrar

FEB 19 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1943, at 8 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of neck — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: by us

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 18 1943 at 8 10 AM
(c) Where did injury occur? Bethlehem-Fairfield Shipyard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ship yard (Specify type of place) While at work? yes
(e) Means of injury Caught between steel plate

23. Signature Robert Lee Graboske M.D. Medical Examiner
Date signed Feb 18 1943

01243
JL - 79252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

G 012-13
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 S. Eaton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert McClelland

3 (b) If veteran, name war: None.
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1879

8. AGE: Years	Months	Days	If less than one day
63	7 6	7	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Welfare
11. Industry or business

FATHER
12. Name John Mc Clelland
13. Birthplace ?

MOTHER
14. Maiden Name Susie ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Stemmers Run Rd.

18 (a) Funeral director Randall J. Siegel
(b) Address 312 S. Highland Ave.

19 FEB 10 1943 Interred for Baltimore, Md.
(Date buried or cremated) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1943, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1943, to 2-15 1943, and that I last saw him alive on 2-14 1943.

Immediate cause of death: Carcinoma of oesophagus — Duration

Due to

Due to

Other Conditions Intussusception C.V.D. & partial failure
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Moser M. D.
Address Balto. City Hosp. Date signed 2-17-43

C 01214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. C 01214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1922 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Israel Caro

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
82 81			hr. min.

9. Birthplace London (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Harris Caro
13. Birthplace Germany

MOTHER
14. Maiden Name Leah Weiss
15. Birthplace Germany

16 (a) Informant Rose Engel
(b) Address 1922 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Cem.
Location Belair Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 FEB 19 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1943 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from December 12, 43 Feb 15, 1943. and that I last saw him alive on Feb 15 1943.

Immediate cause of death	Duration
Coronary Thrombosis	immedia
Due to Coronary Sclerosis	10 year
Due to General Arterio-Sclerosis	10 year
Other Conditions Carcinoma of Stomach 3 months duration (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emanuel B. Mayer M. D.
Address The Esplanade Date signed 3/18/43

E.B. MAYER

01245

AB-79549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. C 01215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19Days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 Rutland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Troy Pigatt

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Roxina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6-1904

8. AGE: Years	Months	Days	If less than one day
38	9	12	hr. min.

9. Birthplace South Carolina
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Dublin Pigatt
13. Birthplace South Carolina

MOTHER
14. Maiden Name Alice Coming
15. Birthplace South Carolina

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Removal (b) Date thereof Feb. 20, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Buford N. Carolina

18 (a) Funeral director Mrs. Robert A. Elliott Dft
(b) Address 1129 N. Caroline St

FEB 10 1943 (b) Registered #
(Date rec'd by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18 1943, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31 1943 to 2-18 1943, and that I last saw h alive on 2-8 1943.

Immediate cause of death	Duration
Uremia	
Due to Carcinoma of cervix uteri	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-19-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 01246 Registered No.

01246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 Asquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 Asquith St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1939

8. AGE: Years	Months	Days	If less than one day
3	3	8	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry Johnson
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Louise Scales
15. Birthplace New York City

16 (a) Informant Harry Johnson
(b) Address 1911 Asquith St

17 (a) Burial (b) Date thereof Feb 19 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County

18 (a) Funeral director Mrs Robt A. Edelin & Son
(b) Address 1129 N. Caroline St

19 Feb 19 1943 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1943, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1943 to Feb 17 1943, and that I last saw her alive on Feb 17 1943.

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to Influenza — Duration 1 week
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Gleaves M.D.
Address 8720 N. Bond St Date signed 2/19/43
M. D.

Med. Exam Case
430004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

G 01247
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 E. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hallie Johnson Lucas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	married

6 (b) Name of husband or wife Horace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-87

8. AGE: Years	Months	Days	If less than one day
55	7	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Ben Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name ? Rachel ?
15. Birthplace ? Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Baltimore Md

18 (a) Funeral director R. Bustard Sons
(b) Address 1515 McCulloh St Registrar

FEB 19 1943 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1943 at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943 to Feb. 16 1943 and that I last saw her alive on Feb. 16 1943.

Immediate cause of death Burns
1, 2, 3 degree

Due to

Due to

Other Conditions Old hemiplegia, R.T.
(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 15 1943 at 8 M
(c) Where did injury occur? Bed (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Burns caught fire from kitchen stove

23. Signature Howard W. Kelly M.D.
Address Johns Hopkins Hospital Date signed Feb 18 1943

VS 180

Howard J. Knesedek, M.D. 43

G 01248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 01248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2428 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2428 Maryland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Goodman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Dolly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Miss Anna Goodman
(b) Address 2428 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Belair Rd

18 (a) Funeral director Joseph Lewis Son
(b) Address 1432 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18 1943, at 12 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1933 to Feb. 17, 1943, and that I last saw h alive on Feb. 17, 1943.

Immediate cause of death Myocardial insufficiency — Duration 7 days

Due to Arteriosclerosis

Due to

Other Conditions Bronchitis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oliver L. Levy M. D.

Address 2302 Eutaw Pl. Date signed 2/18/43

G 01249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

✓ G 01249 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospt
(c) Hospital or institution Monument H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Dorchester Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Morris Wolf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Wholesale - Beef
11. Industry or business

FATHER
12. Name Samuel Wolf
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel
Location Southern Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) Date received FEB 19 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1943, at 5:30 P M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1943 to Feb 17 1943, and that I last saw h. alive on Feb 17 1943.

Immediate cause of death	Duration
Shock - Vascular Collapse	5 hrs.
Due to Myocardial Infarction	3 hrs.
Due to Arteriosclerotic CVD	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gustave Katz M. D.
Address Sinai Hosp. Date signed 2-17-43

PENALTY: WHITE FLORENCE, WITH UNFADING INK. Every item of information should be given as correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

Yes or no G 01250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 01250 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 106 S. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gwen Shull

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Frith (Town, county, and state)
10. Usual Occupation Nat
11. Industry or business

FATHER 12. Name Jacob H. Shull
13. Birthplace Frith

MOTHER 14. Maiden Name Lubris —
15. Birthplace Frith

16 (a) Informant Harold A. Keary
(b) Address 4619 Limerick Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2-19-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Mill Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1739 E. Balto. St.

19 FEB 19 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 1 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert H. Spurrier M.D. Medical Examiner.
Date signed Feb 18 1943

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

G 01251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓

G 01251 Registered No.

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legible.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 Lamont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME SHAFFER, CHARLES H. (JR.) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1940

8. AGE: Years	Months	Days	If less than one day
2	10	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Charles H Schaffer (Sr)
13. Birthplace Baltimore

MOTHER
14. Maiden Name Martha ?
15. Birthplace Salisbury

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Taylor ave

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

19 (a) FEB 19 1943 (Date received by registrar) Hunting & Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943, at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1943, to Feb. 18 1943 and that I last saw h[illegible] alive on Feb 18 1943

Immediate cause of death: acute circulatory collapse — Duration: 18 hrs

Due to: meningitis

Due to: probably due to meningococcus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy purulent meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H.D. Smith M. D.
Address Sydenham Hosp Date signed 2-18-43

VS 1

G 01252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 01252 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 S. Patterson Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44
(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 S. Patterson Pk. Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Strzegowski

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife Anthony
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Not Known
8. AGE: Years: About 53 Months: Days: If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Strzegowski
13. Birthplace Poland

MOTHER
14. Maiden Name Antonina Koscielska
15. Birthplace Poland

16 (a) Informant Genevie Pizlo
(b) Address 1921 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St Ext

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) FEB 19 1943 (Date rec'd by Registrar) (b) Hunting to Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943 at 3:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Feb 18 1943 and that I last saw alive on Feb 17 1943.

Immediate cause of death: Hypertension cardiac renal disease. — Duration: 2 yrs +
Due to
Due to Bronchopneumonia of face — Duration: 1 day
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 621 S. Patterson Pk. Date signed 2/18/43

VS 3

Marque G 01253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 01253

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1558

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1558 Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Lee, Jr.

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 - 1882

8. AGE: Years	Months	Days	If less than one day
60 61	1	23	hr. min.

9. Birthplace Piney Grove Balto Co
(Town, county, and state)
10. Usual Occupation ~~Janitor~~ (Gardner)
11. Industry or business

FATHER
12. Name Benjamin Lee
13. Birthplace Piney Grove Balto Co

MOTHER
14. Maiden Name Alice Watt
15. Birthplace Piney Grove Balto Co

16 (a) Informant John J. Buchanan
(b) Address 12 W. Madison St

17 (a) Burial (b) Date thereof Feb 20 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Wm Brooks
(b) Address 443 N. Carey St

19 FEB 19 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 9:30 P M

21. I HEREBY CERTIFY, That I took charge ~~of the~~ remains described above, held an autopsy & an examination thereon and from the evidence obtained by said autopsy & examination find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 18 1943

VS 4

G 01254 ✓ G 01254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1 b
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 N. Broadway
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME MARY JANE SCHWEITZER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none
4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Martin Schweitzer
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Oct. 10, 1853
8. AGE: Years 89 | Months 4 | Days 7 | If less than one day ..... hr. ..... min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: John B. Hihm
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Rausch
15. Birthplace: Germany

16 (a) Informant: Miss Ethel Thieme
(b) Address: 1617 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) FEB 19 1943 (Date received by Registrar) (b) Registrar: Huntington Williamson, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17/ 1943 at 10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to Feb 17 1943 and that I last saw h[illegible] alive on Feb 16 1943

Cause	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Arteriosclerosis	5 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature: Helen F. Fleckenstein M. D.
Address: 4 East Biddle St. Date signed: 2/18/43

G 01255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 01255

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4607 Wilmslow Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4607 Wilmslow Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA M. KORNMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/25/1867

8. AGE: Years	Months	Days	If less than one day
75	4	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business --

FATHER
12. Name John Kornmann
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Mylius
15. Birthplace Germany

16 (a) Informant Miss Emma H. Kornmann
(b) Address 4607 Winslow Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Date rec'd by registrar) FEB 19 1943 Huntington Williams M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1943 at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943 to Feb 17 1943 and that I last saw h alive on Feb 16 1943.

Immediate cause of death Broncho-Pneumonia (terminal)
Due to Cardio-vascular disease
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

Duration 7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frances Kornmann
Address 4607 W 36th St. Date signed 2/18/43

G 01256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 01256 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 676 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 676 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HELEN M. HAHNEMANN

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/18/1881

8. AGE: Years	Months	Days	If less than one day
61	6	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Frederick V. Hahnemann
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary E. Warner
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Katherine Jones
(b) Address 676 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) FEB 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH Feb. 18, 1943, at 5:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1943 to 2/18 1943 and that I last saw h[illegible] alive on 2/18 1943

Immediate cause of death: Bronchopneumonia — Duration: 10 da
Due to: Carcinoma Left breast — 1 yr
Due to: & metastases
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwight H. Lancaster M. D.
Address 676 Washington Blvd signed 2/18/43

VS 150

G 01257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01257

Registered No. 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2746 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2746 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTHONY KOHLHEPP

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Catherine Kohlhepp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/19/1852

8. AGE: Years	Months	Days	If less than one day
90	6	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Kohlhepp
13. Birthplace Germany

MOTHER
14. Maiden Name Elinora Well
15. Birthplace Germany

16 (a) Informant Miss Mary Kohlhepp
(b) Address 2746 N. Calvert St.

17 (a) Burial (b) Date thereof 2/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTIMORE, MD.

19 (a) FEB 19 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1926 to Feb. 17 1943, and that I last saw h[illegible] alive on Feb. 11 1943.

Immediate cause of death	Duration
1. Arterio Sclerosis	
Heart disease	5 yrs.?
Due to	
Due to 3	
Other Conditions Generalized Sclerosis	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation: None	
of autopsy: None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 410 E. Monty Pl. Date signed 2/19/43

VS 110

G 01258 ✓ G 01258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Centre
(c) Hospital or institution: Mercy Hosp 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5118 Gwynn Oak Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie N. Tarrimore

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife William K

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1882

8. AGE: Years	Months	Days	If less than one day
60 59	5	16	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Mom

11. Industry or business

FATHER
12. Name Charles Blamey
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Martha J. Towne
15. Birthplace Baltimore, Md.

16 (a) Informant Wm. K. Tarrimore
(b) Address 5118 Gwynn Oak

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem. Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1943 at 10 42 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1942 to Feb 17 1943 and that I last saw him alive on Feb 17 1943

Immediate cause of death	Duration
Carcinomatosis	
Due to Malignant Ovarian tumor	
Due to	
Other Conditions Luetal accident, phlebitis, acute CVD (Include pregnancy within 3 months of death)	1 day

Date of operation Sept 9/42
Major findings of operation: Carcinomatosis of st. wrong & mesentery
Findings of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L Shuham M. D.
Address Mercy Hosp Date signed 2/17/43

G 01259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 01259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Edgar Scott

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1943

8. AGE: Years — | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name George Callahan
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine Scott
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Emma Scott
(b) Address 1121 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Emma M. Wallace
(b) Address 1601 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 10 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1943, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1943, to 2/17 1943, and that I last saw h alive on 19.

Immediate cause of death: Lobar Pneumonia — Duration: Last Week

Due to: Mal-nutrition

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Franklin Phillips, Jr.

Address 1543 Penna. Ave. Date signed 2/18/43 M. D.

Original G 01260

BALTIMORE CITY HEALTH DEPARTMENT ✓ 108

CERTIFICATE OF DEATH

G 01260 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1743 Ashland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 Ashland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warner Lee Brown ✓

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	8		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Lowty Brown
13. Birthplace Va

MOTHER
14. Maiden Name Lucille Greaham
15. Birthplace Va

16 (a) Informant Lucille Brown
(b) Address 1743 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Gough
(b) Address 8042 Caroline St.

19 (a) FEB 19 1943 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943, at 11:20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Bratton M.D. Medical Examiner.
Date signed Feb. 16 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. G 01261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 N. Dallas Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DURVEN BENNETT JACKSON

3 (b) If veteran, name war XXXX WW

3 (c) Social Security Account No. 216-10-5868

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	WhiteCol	Married

6 (b) Name of husband or wife Ida Hall
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1896

8. AGE: Years	Months	Days	If less than one day
46	2	7	hr. min.

9. Birthplace Farmville, Virginia (Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business

FATHER
12. Name Ben Jackson
13. Birthplace Virginia

MOTHER
14. Maiden Name Anna Mumford
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location

18 (a) Funeral director Robert L. Gorman
(b) Address 804 N. Caroline St.

FEB 19 1943 (Date rec'd by registrar) (b) Huntingtown Hillsboro, Md. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1943, at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16, 1943 to Feb. 17, 1943, and that I last saw h im alive on Feb. 17, 1943.

Immediate cause of death: Thrombosis, cerebral, with softening of lt. temporal and frontal cerebral lobes — Duration: Unk.

Due to

Other Conditions Thrombosis, arch of aorta, lt. subclavical and lt. axillary artery

Thrombosis, rt. tracheal artery (Indicate pregnancy, with number of months)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Luther K Terry

Address US Marine Hospital Baltimore, Maryland. Date signed 2/18/43 M. D.

DR. Luther K Terry

Morgue G 01262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1634

Registered No. G 01262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 E. Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Rebbel (REBBEH)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Louis Rebbel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1867

8. AGE: Years 75 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name — Beckfield
13. Birthplace Md

MOTHER
14. Maiden Name M
15. Birthplace Germany

16 (a) Informant Mrs Annie Schulze
(b) Address 1929 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (death) (day) (year)

(c) Cemetery or crematory Bethel Cem
Location Baltimore

18 (a) Funeral director Philip Fleming Funeral
(b) Address 2024 Eastern Ave

19 (a) FEB 19 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1943, at 8:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & no autopsy thereon and from the evidence obtained by said inquest & no autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation
due to illuminating gas

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Feb. 18 1943 at 7 M
(c) Where did injury occur? 1517 E. Federal St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Inhaled gas from stove

23. Signature Robert Lee Fraley M.D.
Medical Examiner.
Date signed Feb. 18 1943

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JL - 79245 01263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G 01263 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days

(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1111 E. North Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ward Delia

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October ? 1884

8. AGE: Years	Months	Days	If less than one day
58 59	?	?	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Owens

13. Birthplace Ireland

MOTHER 14. Maiden Name Katherine Rafter

15. Birthplace Ireland

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 20-1943 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location

18 (a) Funeral director Mary M. Diedfeld

(b) Address 601 E. 122d St

19 (a) FEB 19 1943 (Date received by Registrar) Huntington Williams, M.D. (Registrar) (b) Address

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1943 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1943 to 2-16 1943, and that I last saw her alive on 2-16 1943.

Immediate cause of death: Metastatic Carcinomata carried within a few hours by Coronary sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Henry Dorsey

Address Balto. City Hosp. Date signed 2/16/43

G 01264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 01264 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Carolina St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MILTON WRIGHT

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Margaret B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1902

8. AGE: Years	Months	Days	If less than one day
41	1	6	hr. min.

9. Birthplace: New York (Town, county, and state)
10. Usual Occupation: Barber
11. Industry or business

FATHER
12. Name: John Wright
13. Birthplace: Canada

MOTHER
14. Maiden Name: Annie McDermott
15. Birthplace: New York

16 (a) Informant: Margaret B. Wright
(b) Address: 1302 Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: N. S. National
Location: Baltimore

18 (a) Funeral director: Albert W. Berry
(b) Address: 440 E. North Ave.

19 (a) FEB 19 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1943 at 11:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1943 to 2-17 1943 and that I last saw h[illegible] alive on 2-17 1943.

Immediate cause of death: Lobar Pneumonia — Duration
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: William J. Stupik M.D.
Address: St Joseph's Hosp. Date signed 2/11/43

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92

G 01265 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 W Hill Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 W Hill Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Marie Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1895

8. AGE: Years	Months	Days	If less than one day
47	11	20	9 hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Isaac Conway
13. Birthplace Md

MOTHER
14. Maiden Name Mary Wright
15. Birthplace Md

16 (a) Informant Gertrude Johnson
(b) Address 109 W Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. & O. Co. Md

18 (a) Funeral director Isaiah L. Brown
(b) Address 108 W Montgomery St

19 (a) Filed by Williams, M.D. (Date rec'd by registrar) Registrar

VS FEB 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1943 DA M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to 2/17 1943, and that I last saw h[illegible] alive on 2/16 1943

Immediate cause of death
Mitral Stenosis — Duration 5 Hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature

Address Date signed 2/19/43 M. D.

Morgue G 01266

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01266

CERTIFICATE OF DEATH 77D

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Jail
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 W. Henrietta St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adrian Hudson

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 705-10-6981

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Indiana Hudson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/1899

8. AGE: Years	Months	Days	If less than one day
43	11	25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name John Hudson
13. Birthplace Baltimore, Md.
MOTHER 14. Maiden Name Olga Demore
15. Birthplace Baltimore, Maryland

16 (a) Informant Indiana Hudson
(b) Address 1410 W. Henrietta St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.M.E. Co. Md

18 (a) Funeral director Josiah L. Brannon
(b) Address 1058 Montgomery St

19 (a) FEB 1943 Hunting & Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1943, at 11 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death alcoholic delirium tremens — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gantzer M.D. Medical Examiner.
Date signed Feb. 18 1943

VS 6

G 01267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 01267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 Midvale Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Midvale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AGNES T. REID

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Robert G. Reid
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1867

8. AGE: Years: 75 | Months: 2 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Bloomfield, N. J.
(Town, county, and state)

10. Usual Occupation: --
11. Industry or business

FATHER
12. Name: William Crane
13. Birthplace: N. J.

MOTHER
14. Maiden Name: Agnes Donaldson
15. Birthplace: Scotland

16 (a) Informant: Mr. Robert G. Reid, Jr.
(b) Address: 15 Midvale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/43 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1943. at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1942 to Feb 17 1943.
and that I last saw h alive on 19

Immediate cause of death: Cerebral Hemorrhage — Duration: 10 day
Due to: Arteriosclerosis — Duration: 2 yrs.
Due to:
Other Conditions:
(Includes pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Samuel H. Culver M.D.
Address: 611 Pembroke Rd Date signed 2-18-43

G 01268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01268 Registered No. 170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Massachusetts Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Leonard Watts

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5 1936

8. AGE: Years	Months	Days	If less than one day
6	11	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Schoolboy

FATHER
12. Name Joseph L. Watts Sr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary O. Wilson
15. Birthplace Baltimore Md

16 (a) Informant Mary S. Watts
(b) Address 4012 Massachusetts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location City

18 (a) Funeral director Roll & B.M. Walters
(b) Address Pratt & Stricker Sts

19 (a) FEB 19 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH Feb. 17 1943 at 1 25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an operation thereon and from the evidence (Autopsy or inquiry) obtained by said inquiry & operation (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushed chest left
Due to fracture of humerus, left
Due to accident
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 17 1943 at 1 25 PM
(c) Where did injury occur? Old Frederick Rd & Culver (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Boy ran into truck

23. Signature Robert Lee Gratton M.D.
Medical Examiner.
Date signed Feb. 17 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 01269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Never
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 431 S. Bentalou St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Noe E. LaFlamme

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 016-10-4873

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Eliza L. LaFlamme
6 (c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) Nov 6- 1873
8. AGE: Years 69 | Months 3 | Days 12 | If less than one day hr. min.
9. Birthplace Champlaine New York (Town, county, state or foreign country)
10. Usual Occupation Electrical Machinist
11. Industry or business

FATHER
12. Name Fred LaFlamme
13. Birthplace Canada

MOTHER
14. Maiden Name Philomina —
15. Birthplace Canada

16 (a) Informant Russell a Lambert
(b) Address Springfield Mass.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 19- 1943 (month) (day) (year)
(c) Cemetery or crematory St Michels Cem.
Location Springfield Mass.

18 (a) Funeral director Robt C. & B.M. Walter
(b) Address Platt & Sucker Sts

19 (a) (Date rec'd by Registrar) FEB 23 1943 Hunting for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1943, at 7AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942 to Feb 18 1943, and that I last saw him alive on Feb 17 1943

Immediate cause of death: Myocardial Failure — Duration 2 days
Due to: Anaemia and Hypostatic pneumonia — 2 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris B. Schenley M. D.
Address 5-4 S Fulton Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

✓ G 01270 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 324 Elsinore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 324 Elsinore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amanda R. Klein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John W. Klein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1867

8. AGE: Years	Months	Days	If less than one day
75	3	19	hr. min.

9. Birthplace Howard Co. Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Cramblitt
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Catherine Grey
15. Birthplace Howard Co. Md

16 (a) Informant Mrs. E. B. Dinsmore
(b) Address 324 Elsinore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 20 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. city Md

18 (a) Funeral director Tawaha Funeral Home
(b) Address 7401 Belair Rd.

19 (a) FEB 19 1943 (Date received by registrar) Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17th 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1943, to Feb 17 1943 and that I last saw h[illegible] alive on Feb 17 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to	
Hypertension Cortis Vascular Disease	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. R. Goodbourn M. D.
Address 7923 Dr Paul St Date signed 2/18/43

Instructor Williams, M.D.

G 01271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01271 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N Edmond
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. James Evans

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-1788

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Balto
(Town, county and state)

10. Usual Occupation Painter

11. Industry or business

MOTHER FATHER

12. Name Alonzo Evans

13. Birthplace Baltimore

14. Maiden Name Charlotte Warner

15. Birthplace Baltimore

16 (a) Informant Mrs. Frank Hoffmann

(b) Address 2719 McElderry St

17 (a) Burial (Burial, cremation, or removal) Date thereof (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem. City

Location

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2108 Aliceanna St

19 (a) FEB 19 1943 (b) Huntington Williams, M.D.
(Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1943, at 2:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1943 to Feb. 18 1943, and that I last saw him alive on Feb. 18 1943.

Immediate cause of death: Coronary Thrombosis — Duration: ?

Due to: Arteriosclerotic Heart Disease — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M.D.
M. D.

Address St. Joseph's Hosp. Date signed 2-18-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 01272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1340

G 01272 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore Md.
(b) Street address 2006 Braddish ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Baltimore~~ County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Braddish ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis P Thor Straten

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 218-09-4768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Britton Hunter

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb 19 - 1873

8. AGE: Years	Months	Days	If less than one day
70 69	11	28	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Safety engineer

11. Industry or business

MOTHER / FATHER

12. Name Soren Julius Thor Straten

13. Birthplace Dieh Fairite, Denmark

14. Maiden Name Emma Crumm

15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs Carl Kratz

(b) Address 1807 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick rd - Balto.

18 (a) Funeral director Walter Burton Bradley

(b) Address 922 W Fayette ave

19 (a) (Date received by registrar) (b) Huntington Williams, Registrar

FEB 19 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1943, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7, 1942 to Feb. 17, 1943; that I last saw him alive on Feb. 16 1943.

Immediate cause of death Uremia, resulting from bilateral pyelonephritis due to staghorn calculi in both kidneys. — Duration: 6 weeks.

Due to

Due to

Other Conditions The usual changes at this age.
(Include pregnancy within 3 months of death)

Date of operation None.

Major findings of operations:

of autopsy: None made.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

M. D. Signature Dr. C. Bagley Jr.

Address 5508 Edmondson Ave., Date signed 2/17/43

FILLING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and in detail.

G 01273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01273 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700-N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700-N. Bond Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mae I. Brandt

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George W. Brandt
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 8/11/1903

8. AGE: Years	Months	Days	If less than one day
39	6	7	— Hr. — — — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Walter L. Westphal
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary T. (Hagan)
15. Birthplace Baltimore, Md.

16 (a) Informant George W. Brandt
(b) Address 1700-N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave
18 (a) Funeral director George J. Ruth Inc.
(b) Address 1705-Harford Ave.
2-20-1943 [illegible] registrar Hattie Worthington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1943 at 7 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Feb 18 1943 and that I last saw h[illegible] alive on Feb 17 1943

Immediate cause of death: Hypocarolitis Decompensata — Duration 1 mo
Due to Arteriosclerosis — 3 yrs mo
Due to Chronic Interstitial Nephritis — 3 yrs mo
Other Conditions — 3 yrs mo
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation None
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thos. F. A. Stevens M. D.
Address 2878 Harford Rd Date signed 2-18-43

VS 8

G 01274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 01274 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3608 3rd St. Brooklyn
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days) Life 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 3rd St Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ann Virginia Chambers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Wife Wm. J. Chambers

6 (b) Name of husband or wife Late Wm. J. Chambers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1864

8. AGE: Years	Months	Days	If less than one day
79	1	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name John F. Scheckell
13. Birthplace Md.

MOTHER
14. Maiden Name Priscilla Sunderland
15. Birthplace Md

16 (a) Informant Miss Irma V. Cromwell
(b) Address 3608 3rd St Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (month) (day) (year)
(c) Cemetery or crematory All Saints Episcopal
Location Sunderland Calvert County

18 (a) Funeral director Harry H. W. Ilyka
(b) Address 1104 Edmondson Ave

19 (a) (Registrar) (b) Registrar

FEB 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1941, to Feb 18 1943, and that I last saw h[illegible] alive on 2/12 1943.

Immediate cause of death: Cardio-Renal-Vascular disease — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert O. Johnson M. D.
Address 3717 Hanover St Date signed 2/19/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01275 / 830 — Registered No. G 01275

G 01275

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. Do not guess. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Relay
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4940 Tulip Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Leonard Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Helen Harvey Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 20, 1880

8. AGE: Years	Months	Days	If less than one day
62	10	28	hr. min.

9. Birthplace Baeto. Md (Town, county and state)

10. Usual Occupation Federal Route Bk

11. Industry or business

FATHER
12. Name John Leonard Hoffman
13. Birthplace Germany

MOTHER
14. Maiden Name Olivia F Hesliett
15. Birthplace Md

16 (a) Informant Mrs. Helen H. Hoffman
(b) Address 4940 Tulip Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave and Hay St

18 (a) Funeral director Harry H. Wiltze
(b) Address 4101 Edmondson Ave

(Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Febr. 18 1943, at 5:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 1 1943 to Febr. 18 1943, and that I last saw him alive on Febr. 18 1943.

	Duration
Immediate cause of death Cerebral & subarachnoid hemorrhages	4 d.
Due to Agnogenic myeloid metaplasia	14 yr.
Due to	
Other Conditions Sec. anemia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman, M. D.
Address University Hosp Date signed 2/17/43

VS 189

G 01276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

G 01276 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN SPACES RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. Mt. St. Joseph's High School (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Brother Roch C. F. X. (OTIS IGNATIUS ANGELL)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 27 - 1900

8. AGE: Years	Months	Days	If less than one day
42	6	20	hr. min.

9. Birthplace EAST BOSTON MASS. (Town, county, and state)

10. Usual Occupation CHRIST. BR. brother (TEACHER)

11. Industry or business MT. ST. JOSEPH'S HIGH School

FATHER
12. Name JOHN P. ANGELL
13. Birthplace MASSACHUSETTS

MOTHER
14. Maiden Name CECILIA JAYNES
15. Birthplace MASSACHUSETTS

16 (a) Informant REV. BRO. VICTORIAN C.F.X.
(b) Address 4409 FREDERICK RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)

(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Chas. J. Evans & Son
(b) Address 115 N. Mt. Royal Ave.

FEB 19 1943 (b) (Registrar)
Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1943, at 7:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14 1943 to 2/17 1943, and that I last saw him alive on 2/17 1943.

Immediate cause of death acute peritonitis ruptured appendicitis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: gangrenous peritonitis ruptured appendicitis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Cranor M. D.
Address ST Agnes' Hosp. Date signed 2/17/43

G 01277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

G 01277 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution: Mercy Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Gorsuch Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William C. Moore

3 (b) If veteran, name war: WORLD WAR #1
3 (c) Social Security Account No. 217-09-6234

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1889

8. AGE: Years	Months	Days	If less than one day
53	3	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business

FATHER
12. Name William Moore
13. Birthplace England

MOTHER
14. Maiden Name Cecilia Connor
15. Birthplace Texas, Maryland

16 (a) Informant Hospital Record
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Chas. J. Evans-Sons Co.
(b) Address 118 W. Mt. Royal Ave.

19 FEB 19 1943 (b) (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1943, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1943 to Feb. 18 1943, and that I last saw him alive on Feb. 17 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Steymann M. D.
Address Mercy Hospital Date signed Feb. 18 1943

Huntington Williams, M.D.

G 01278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 01278 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave.
(c) Hospital or institution: Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Jennie Nickerson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1865

8. AGE: Years	Months	Days	If less than one day
77	2	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation domestic

11. Industry or business retired 15 yrs.

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs. Sarah A. Bond
(b) Address 1819 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave., Baltimore, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

FEB 19 1943 (Date rec'd by registrar) (b) Hunting & Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18. 1943 at 9-9. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2- 1943 to 2-18. 1943.
and that I last saw h[illegible] alive on 2-17. 1943.

Immediate cause of death	Duration
Due to Arteriosclerosis.	2yrs
Due to old. age.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C. Blake M. D.
Address Medical Arts Bldg. Date signed

G 01279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01279 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 Pennington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 6 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Pennington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ETHEL CARSON TYREE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Reynolds Tyree

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) March 7, 1895

8. AGE: Years 47 | Months 11 | Days 11 | If less than one day: hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation

11. Industry or business Wholesal fruit & Produce

FATHER
12. Name Thomas J. R. Carson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Arcenia Wynne
15. Birthplace North Carolina

16 (a) Informant Ethel Tyree Taylor
(b) Address Rocky Mount, N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2 (month) (day) 1943 (year)
(c) Cemetery or crematory Pine View Cemetery.
Location Rocky Mount N.C.

18 (a) Funeral director John D. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (c) FEB 19 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943, at 1:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions Ns

(Include pregnancy within 3 months of death)

Date of operation Ns

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 2-18-43

VS 4

C 01280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 01280
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 N. Kingwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 N. Kingwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Whitehurst
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife William Whitehurst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3 - 1886

8. AGE: Years 57 | Months | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Henry Berry
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Katherine Becker
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Whitehurst
(b) Address 929 N. Kingwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North Ave. Balto. Md.

18 (a) Funeral director John C. Billy Sons
(b) Address 2455 E. Oliver St

19 (a) FEB 19 1943 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 17 - 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943, to Feb 17 1943, and that I last saw her alive on Feb 17 1943.

Immediate cause of death Hypertension
C. V. Disease
Cerebral Hemorrhage — Duration 2-17-43
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. A. Schumuck M. D.
Address 842 S. Eaton Ave. Date signed 2-17-43

Correct age is especially important. Physicians: please write the causes of death clearly and

G 01281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. William E. Westerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth S.
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept 17 - 1876

8. AGE: Years	Months	Days	If less than one day
66	5	1	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Fruit Merchant
11. Industry or business

FATHER
12. Name William Westerman
13. Birthplace Balto

MOTHER
14. Maiden Name Catherine Killian
15. Birthplace Balto

16 (a) Informant Andrew B. Westerman
(b) Address 5203 Overland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Leonard Hagner
(b) Address 5205 Baylor Rd.

19 FEB 19 1943 (b) Tom Williams, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1943 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1943 to Feb. 18 1943 and that I last saw him alive on Feb. 18 1943.

Immediate cause of death: Bronchopneumonia — Duration 2 weeks

Due to

Due to

Other Conditions: Diabetes Mellitus, Arterio sclerotic Heart Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting M.D.
Address St. Joseph's Hosp Date signed 2-19-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 01282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3801 Echodale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Echodale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leo Helden

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 265-09-2848

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth C. Helden (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1885

8. AGE: Years 57 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business Restaurants

FATHER
12. Name Joseph Helden
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Ruth C. Helden
(b) Address 3801 Echodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20. 1943 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Ave.

18 (a) Funeral director Mathias. John W. Teufel & Son
(b) Address 801 W. Lafayette St.

19 (a) FEB 19 1943 (b) Huntington Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13-1943 to 2-17-1943, and that I last saw him alive on 2-16-1943.

Immediate cause of death: Apoplexy — Duration 2 days

Due to: Arteriosclerosis Unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sybert M. D.
Address 2862 Harford Ave Date signed 2/18/43

correct age is especially important. Physicians: please write the causes of death clearly and

G 01283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01283 / 108 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John's Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Carolina St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Agnes (d.)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1896

8. AGE: Years	Months	Days	If less than one day
46	6	2	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Calvin Jackson
13. Birthplace Va

MOTHER
14. Maiden Name Margaret Taylor
15. Birthplace Va

16 (a) Informant Mary Marcus
(b) Address 1115 N. Gay St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/21/43 (month) (day) (year)
(c) Cemetery or crematory
Location Midland, Va.

18 (a) Funeral director Joseph G. Locke
(b) Address 1304 N. Central Ave

FEB 19 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 11 40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ns

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Graham M.D. Medical Examiner
Date signed Feb. 19 1943

VS 6

G 01284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01284 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 Henry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Henry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antoinette Kwiatkowska

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John Kwiatkowske
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1879

8. AGE: Years	Months	Days	If less than one day
63	9	8	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Jacob Napierala
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Martha Jarosinski
(b) Address 510 S. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Md. Balto. County

18 (a) Funeral director John M Weber
(b) Address 400 S. Chester, Street

19 FEB 19 1943 (b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16 1943 at 1.40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above. (Autopsy or Inquiry)

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. MacNally M.D. Medical Examiner.
Date signed 2/17/43

VS 6

H. D. P. 1193-2

G 01285

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 01285

CERTIFICATE OF DEATH 1937

1. PLACE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 219 S. Castle St., Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Agatha Kobylska

(a) Residence: No. 219 S. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julian Kobylski

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Busgierski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Augusta Wisniewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Julian Kobylski
(Address) 219 S. Castle Street

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Cem. Date 2/20/43 19

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St.

20. FEB 19 1943 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 19 43

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 19 43 to Feb 17 19 43 that I last saw h[illegible] alive on Feb 17 19 43 Death is said to have occurred on the date stated above, at 1930 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb 43
Ch. Myocarditis	1929
Arteriosclerosis	1936

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If [illegible] specify

Feb 19 43 (Signed) William J. Roarck M. D.
(Address) 801 Cathedral St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Statements of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

G 01286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01286
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. 2 Da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret McCloskey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1859

8. AGE: Years	Months	Days	If less than one day
83 84	6		hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Housework

FATHER
12. Name Daniel Bradley
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Cushnaghan
15. Birthplace Ireland

16 (a) Informant Jenkins Memorial Hosp.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20-43 (month) (day) (year)
(c) Cemetery or crematory St. John's Loop
Location Loop Green Hyatt Rd.

18 (a) Funeral director John O. Mahon
(b) Address Fremont & 42nd St.

FEB 19 1943
19. Date received by registrar
Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to Feb. 17 1943, and that I last saw her alive on Feb. 16 1943.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Clifton Rowberg
Address St. Agnes Hosp. Date signed 2/17/43

G 01287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 01287 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Do not abbreviate. Underscore the cause to which death is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifeti e

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Arlington Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN JOSEPH RUSSELL

3 (b) If veteran, name war	3 (c) Social Security Account No.
XXXX SAW	215-09-2982

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Margaret Fields
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1877

8. AGE: Years	Months	Days	If less than one day
65	3	20	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business

FATHER
12. Name Peter Russell
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret Facht
15. Birthplace Baltimore, Maryland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 2-20-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National
Location Frederick Rd
18 (a) Funeral director John L. Moan
(b) Address 3000 E. Baltimore St.

FEB 19 1943
(Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1943 4:20p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1943 to Feb. 17, 1943 and that I last saw him alive on Feb. 17, 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	1 da.
Due to Hypertension and arterio-sclerosis	Unk.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation None
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. S. Bean, U. S. Navy
Address US Marine Hospital Baltimore, Maryland. Date signed 2/18/43 M.D.

VS 180

12704

Dr Bill
G 01288 Baltimore

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 01288 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 952 N. Duncan St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 952 N. Duncan (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Becka

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Antonie Becka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1859

8. AGE: Years 83 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Becka
13. Birthplace Bohemia

MOTHER
14. Maiden Name Antonie Grehla
15. Birthplace Bohemia

16 (a) Informant James Becka
(b) Address 952 N. Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Brochetson
(b) Address 900 N. Chester St

FEB 19 1943 (Date rec'd by registrar) Huntington Williams, Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1943, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to Feb. 1943, and that I last saw him alive on Feb. 18 1943.

Immediate cause of death: Arteriosclerotic Cardio-vascular Disease — Duration ?

Due to: Generalized Arteriosclerosis

Due to:

Other Conditions: Inguinal hernia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lemuel Bill M. D.
Address 826 W. Washington St Date signed Feb 17, 1943

C 01289

JL - 36295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

C 01289 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 29
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Wonder

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1905

8. AGE: Years	Months	Days	If less than one day
38	0	7	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business

FATHER
12. Name Isaac Louis Wonder
13. Birthplace Md.

MOTHER
14. Maiden Name Miriam Bessie Peryne
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn Maryland

18 (a) Funeral director George L Seffrel
(b) Address 2101 Frederick Ave.

19 (a) FEB 23 1943 (Date of death) (b) Huntington (Address of institution) Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18 1943 at 8 29 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939, to 2-18 1943, and that I last saw her alive on 2-18 1943.

Immediate cause of death	Duration
Intestinal obstruction	3-4 days
Due to Unknown cause	?
Due to Multiple adhesions	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. R. Rathbun M. D.
Address Balt. City Hosp. Date signed 2-19-43

G 4298 52 G 01290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 8445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town ARLINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 N Upton (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME Walter Upfold

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-26-42

8. AGE: Years	Months	Days	If less than one day
	9	23	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Harold Upfold
13. Birthplace VA

MOTHER
14. Maiden Name Jane Carl
15. Birthplace Wash - D.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Feb. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Claridon Pa.

18 (a) Funeral director Wm. J. Quickmeyer & Sons
(b) Address Northern Pa. Agts. Huntington, Williams, Md.

19 (a) FEB 20 1942 (Registrar) (b) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1942. at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1942 to Feb 19 1942 and that I last saw him alive on Feb 19 1942.

Immediate cause of death	Duration
Asphyxiation - Bronchopneumonia	
Due to Home Enquiry pending (Arlington)	
Due to	
Other Conditions (VA)	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank D. Kibbe M. D.
Address Johns Hopkins Hosp. Date signed 2/19/42

G 01291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937 G 01291

Reference No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3812 Tudor Arms
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 13-7
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3812 Tudor Arms (If rural, give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Janney Sheeler

3 (b) If veteran, name war — no —

3 (c) Social Security Account No. — none —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Mr. H. Sheeler

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 18 1864

8. AGE: Years 78 | Months 9 | Days 0 | If less than one day hr. min.

9. Birthplace Phila-Pa. (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

MOTHER / FATHER
12. Name Pemberton Janney
13. Birthplace Penna
14. Maiden Name Sallie Wikinell
15. Birthplace Penna

16 (a) Informant Mrs. Adelaide S. Collison (Daughter)
(b) Address 3812 Tudor Arms Apt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W Mt Royal Ave

Filed FEB 20 1943 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943 at 2.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from — 1936 to 2/18 1943.
and that I last saw h[illegible] alive on 2/18 1943.

Immediate cause of death	Duration
Arteriosclerosis Heart Disease	7
Due to	
Due to	
Other Conditions Chronic Fibroid (Include pregnancy within 3 months of death)	2

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Zach. R. Morgan M.D.
Address 6 E. Read St. Date signed 2/19/43

VS 8

Correct age is frequently important. Please write the causes of death clearly and legibly.

G 01292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01292 Registered No. 1220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Mount Hope Retreat (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country NO

3 (a) FULL NAME Rev. John F. Devine

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: NONE

6 (c) If alive, give age: XXX years

7. Birth date of deceased (mo., day, yr.) abt - 1871

8. AGE: Years 72 | Months | Days | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Priest

11. Industry or business Religion

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mount Hope Retreat
(b) Address Reisterstown Road, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Ave.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 106 W. North Av. (W. F. Wooden-suc.)

FEB 20 1943 Registrar Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19 1943 at 5 30/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1943, to 2/19 1943, and that I last saw him alive on 2/19 1943.

Immediate cause of death Hemiplegia, right sided, secondary to cerebral hemorrhage, arteriosclerotic — Duration

Due to C-V disease,

Due to Mania - depressive psychosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Cearis M. D.
Address St. Agnes' Hosp. Date signed 2/17/43

G 01293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01293

Registered No. 728

107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 W. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Over 20 years
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1510 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Queen

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Nathan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1857

8. AGE: Years 85 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Prince George Co. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Nathan Queen
13. Birthplace Prince George Co. Md.

MOTHER
14. Maiden Name Elizabeth Williams
15. Birthplace Prince George Co. Md.

16 (a) Informant Louisa Tibbs
(b) Address 821 Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1601 Druid Hill Ave.

FEB 20 1943 Huntington Williams, M.D.
(Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1943, to 2-16 1943, and that I last saw her alive on 2-16 1943.

Immediate cause of death — Duration

Bronchopneumonia — 44 days

Due to

Due to Bronchitis + age — Unknown

Other Conditions None known

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 624 N Stricker St. Date signed 2-17-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 01294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01294 Registered No. 12/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 W. 28th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 W. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clinton Winder

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23rd 1892

8. AGE: Years	Months	Days	If less than one day
51	—	22	hr. min.

9. Birthplace Cape Charles Va. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name James H. Winder
13. Birthplace Cape Charles Va.

MOTHER
14. Maiden Name Hattie Wilkins
15. Birthplace Cape Charles, Va

16 (a) Informant Gertrude Winder
(b) Address 323 W. 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-1943 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson, Md.

18 (a) Funeral director Mrs. George M. Wallace
(b) Address 1681 Druid Hill Ave

19 (a) [redacted] (b) Huntingtown, Williams, M.P.

FEB 20 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1943 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942 to Feb 16 1943 and that I last saw him alive on Feb 16 1943

Immediate cause of death
(a) Chronic Myocarditis — Duration: indef

Due to

Due to

Other conditions Arteriosclerosis — Duration: indef
Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 112 W. 25th St. Date signed Feb 17 1943

G 01295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 01295

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-17 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Sperma Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rita Albert Finn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1872

8. AGE: Years	Months	Days	If less than one day
70	2	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Michael A. Albert
13. Birthplace Germany

MOTHER
14. Maiden Name Zettmeyer
15. Birthplace Germany

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 20/43 (month) (day) (year)
(c) Cemetery or crematory New Catholic Cem.
Location Frederick Md.

18 (a) Funeral director Stewart & Macvean Co
(b) Address 108 W North ave.

FEB 20 1943
(Date rec'd by registrar)

Huntington Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1943, at 7 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to Feb 18 1943, and that I last saw her alive on Feb 18 1943.

	Duration
Immediate cause of death: Lobar Pneumonia	2 days
Due to: Cerebral Arteriosclerosis	8 "
Due to:	"
Other Conditions: Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)	1 year

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Damian P. Hayes M. D.
Address 537 Cathedral St. Date signed

Physician: Please fill in all items if you can obtain information. Indicate if exactly supplied. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2.04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roberta Cosey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Samuel Cosey

6 (c) If alive, give age yrs

7. Birth date of deceased (mo., day, yr.) MAY 3 - 1913

8. AGE: Years 29 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Greenwood N.C
(Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Nottle
13. Birthplace N.C.

MOTHER
14. Maiden Name Ellen Noye
15. Birthplace N.C.

16 (a) Informant Samuel Cosey
(b) Address 815 W. Saratoga St

17 (a) Burial Jennie (Burial, cremation, or removal) (b) Date thereof 2-20-43 (month) (day) (year)

(c) Cemetery or crematory Rockville Md
Location

18 (a) Funeral director Mrs Katie R. Wellbanks
(b) Address 322 N Schroeder St

19 (a) FEB 20 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943, at 5:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Acute hepatitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D.
Medical Examiner

Date signed Feb. 19 1943

VS 6

Balto. address - 2915 Bakewell

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 B

G 01297
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania County
(b) City or town Johnstown 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 349 Maple Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Lebue (Lobue)

3 (b) If veteran, name war

3 (c) Social Security Account No. 181-14-2398

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14-1923

8. AGE: Years	Months	Days	If less than one day
20	1	6	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Forewoman's Clerk-
11. Industry or business air Plane - Glen Martin

FATHER
12. Name John Lebue
13. Birthplace Italy

MOTHER
14. Maiden Name Elizabeth Arnell
15. Birthplace Italy

16 (a) Informant Mrs. Elizabeth Lebue
(b) Address 349 Maple Ave. Johnstown Pa

17 (a) Burial (b) Date thereof Feb 23-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Anthonys Cem
Location Johnstown Pa.

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 512 Bellis St Huntingdon Williamsburg Pa

FEB 20 1943 (Date received) Registrar

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943. 6:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1943 to Feb 19 1943, and that I last saw h[illegible] alive on Feb 19 1943.

Immediate cause of death Rheumatic heart disease — Duration about 10 yr.
Due to
Due to
Other Conditions Acute pulmonary edema — 1 day
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address Elizabeth B. Stewill M. D. Date signed 2-19-43

1298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynor 16
(c) Hospital or institution: WBGH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. Masonic Home (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. George Madison (Lagner V.)

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Geo. A. Madison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/11/1874

8. AGE: Years 68 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace St. Michaels. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home.

FATHER
12. Name Louis C. Lomegys.
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Bryan
15. Birthplace Md.

16 (a) Informant Hospital Records.
(b) Address Dukeland & Raynor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem
Location Balto Md

18 (a) Funeral director Geo. F. Bryant Jr
(b) Address 1517 Hollins St
Huntington Williams, M.D.
(Undertaker or person acting as such) Registrar

FEB 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/18 1943, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13 1943, to 2/18 1943, and that I last saw h.e.r. alive on 2/18 1943.

Immediate cause of death Generalized peritonitis — Duration

Due to ruptured renal abscess

Due to Renal Calculi
Diabetes Mellitus

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation 2/14/43

Major findings of operation: Gangrenous Abscess

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Simon M. Chachet M.D.
Address WBGH Date signed 2/18/43.

VS 3

G 01299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G 01299

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 West Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City Baltimore (If outside city or town, limits, write RURAL, and give town)
(d) Street No. 225 West Lanvale Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME John Seymour Taliaferro Waters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary J. Donaldson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1864

8. AGE: Years 78 | Months 6 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER
12. Name William Smith Waters
13. Birthplace Eastern Shore, Maryland

MOTHER
14. Maiden Name Sarah Lindsay Taliaferro
15. Birthplace Orange County Virginia

16 (a) Informant Lindsay Taliaferro Waters, Daughter
(b) Address 225 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Byers Mt

18 (a) Funeral director Henry W. Jenkins & Son
(b) Address McCulloh & Orchard Sts Huntington Terrace, Md.

FEB 20 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943 at 11.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1942 to Feb 18 1943 and that I last saw him alive on Feb 18 1943

Immediate cause of death Bronchio-pneumonia — Duration 8 days

Due to Chronic bronchitis - both lungs -

Due to

Other Conditions Prostate & prostatectomy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry D. McCarty M. D.

Address 37 W. Preston St Date signed 2-19-43

VS 8

G 01350 Shipping Permit

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01300 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 N. Howard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 831 N. Howard St (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert C. Goodyear

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.: None
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Phyllis
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 7, 1876
8. AGE: Years 66 | Months 11 | Days 12 | If less than one day hr. min.
9. Birthplace: Bethel, Ohio (Town, county, and state)
10. Usual Occupation: Antique Dealer
11. Industry or business: Own

FATHER
12. Name: Charles Goodyear
13. Birthplace: Ohio

MOTHER
14. Maiden Name: Laura B. Convey
15. Birthplace: Ohio

16 (a) Informant: Mrs. Phyllis Goodyear
(b) Address: 831 N. Howard St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: Feb 20 1943 (month) (day) (year)
Cemetery or crematory: National Cem. Baltimore Md
Location:

18 (a) Funeral director: Wallace Cook Inc
(b) Address: 1 St. Paul St

19 (a) FEB 20 1943 (Date received by registrar) (b) Huntington W. Jones Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943 to Feb. 19 1943, and that I last saw him alive on Feb 18 1943.

Immediate cause of death: Coronary Thrombosis — Duration 30 Min.
Due to: Arteriosclerotic Cardio-Vascular Disease — Duration Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M. D.
Address: Medical Building Date signed: 2/19/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 01301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

Registered No. G 01301

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1729 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Flora G. Westerham

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband Ferdinand Westerham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22nd 1879

8. AGE: Years 63 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name William Cole
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Gertrude Dodge
15. Birthplace Md.

16 (a) Informant Marie A. O'Malia
(b) Address 1729 E. Lafayette Ave

17 (a) Burial (Burial, ~~cremation, removal~~)
(b) Date thereof 2/22/43 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

19 FEB 20 1943 (Date filed by registrar) (a) Hunsington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19th 1943 at 1.45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943 to Feb 19 1943 and that I last saw her alive on Feb 17 1943

Immediate cause of death
Bronchopneumonia — Duration 5 Days

Due to Chronic Pancreatitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Karl Grossman

Address 2127 Patterson Pk Ave Date signed 2/19/43

C 01302 — BALTIMORE CITY HEALTH DEPARTMENT — C 01302

CERTIFICATE OF DEATH

146B — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Vine st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Vine st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elben E. Fohs Fohs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband George T. Fohs

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 6th 1873

8. AGE: Years 69 | Months 11 | Days 12 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, or state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER 12. Name (Not Known) Davis

13. Birthplace "

MOTHER 14. Maiden Name Sarah (Not Known)

15. Birthplace Balto Md.

16 (a) Informant Mrs Virginia Courtney

(b) Address Chester Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2/20/43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director William Cook Inc

(b) Address 1320 Park Ave

19 (a) FEB 20 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18th 1943 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Feb 18 1943 and that I last saw Jane alive on Feb 17 1943

Immediate cause of death — Duration

Carcinoma of stomach

Due to

Due to

Other Conditions Chronic myocarditis Hypotension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Salas M. D.

Address 47 N. Fulton Date signed 2-19-43

(Over)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2651 Aisquith st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 T
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2651 Aisquith st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oliver M. Brooks Jr

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 217-03-8744

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Bertha K. Brooks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1901

8. AGE: Years 41 | Months 9 | Days — | If less than one day: hr. min.

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Bethlehem Steel Works

FATHER
12. Name Oliver M. Brooks
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Agnes L. Brooks
15. Birthplace Balto. Md.

16 (a) Informant William D. Brooks
(b) Address 1645 Ralworth Rd

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director William Ork Inc
(b) Address 127 St. Paul St

19 (a) 2/20/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17th 1943. at 10:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to Feb 17 1943. and that I last saw h[illegible] alive on Feb 17 1943.

Immediate cause of death
Cardiac insufficiency
Due to Angina Pectoris
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 24 hours yrs mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent J. Gross M.D. M. D.
Address 7438 Marlyn Ave Date signed 2-19-43

VS 150

43072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. G 01304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 847 W. Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK GINKUS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-29-95

8. AGE: Years	Months	Days	If less than one day
47	4	19	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Glass Cutter
11. Industry or business

FATHER
12. Name SAM GINKUS
13. Birthplace Lithuania

MOTHER
14. Maiden Name BARBARA RING
15. Birthplace Lithuania

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd
18 (a) Funeral director Joseph Kaanokas Jr.
(b) FEB 20 1943
19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943. at 141 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1943. to Feb 18 1943. and that I last saw him alive on Feb 18 1943.

Immediate cause of death Respiratory obstruction — Duration six months

Due to Carcinoma of Oral pharynx

Due to

Other Conditions

(Include pregnancy within three months of death)
Date of operation None
Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Williams Jr. M.D.
Address Johns Hopkins Date signed 2-20-43

G 01305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 01305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct as far as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green + Redwood
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3/4 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3/4 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy White

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 15 hr. (check) min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Erwin Brooke
13. Birthplace Florida

MOTHER 14. Maiden Name Amanda White
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 19 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 20 1943 Huntington Williams, MD
(Date rec'd by registrar) Registrar

VS 186

9828

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1943 at 8 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7, 1943 to Feb 7, 1943, and that I last saw h/lt alive on Feb 7, 1943.

Immediate cause of death

Prematurity — Due to — Duration 3/4 day

Due to

Other Conditions Weight 1 lb 12 oz

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Earl Veale
Address Univ. Hosp. Date signed 2-9-43

01308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 01306 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. University Hosp
1429 Edmondson Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy "A" Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race B

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-17-43

8. AGE: Years | Months | Days | If less than one day 3 hr. 5 min.

9. Birthplace University Hosp
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Robinson
13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Gladys Lawson
15. Birthplace Balto., Md.

16 (a) Informant Mother
(b) Address 1429 Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 20 1943 Registrar
(Date rec'd by Registrar)

VS 8

9829

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17-43 19 , at 2:17 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1:15 PM 2-17-1943 to 2:17 PM 19 43, and that I last saw him alive on 2-17 19 43

Immediate cause of death Non-viability abortion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Seabold M. D.
Address Med Arts Date signed 2-19-43

G 01307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 159

Registered No. G 01307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~University Hospital~~ 1429 Edmondson Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy "B" Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-16-43

8. AGE: Years | Months | Days | If less than one day 39 hr. min.

9. Birthplace University Hosp. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Robinson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Gladys Lawson
15. Birthplace Baltimore, Md.

16 (a) Informant Mother
(b) Address 1429 Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 19 1943 Commissioner of Health

18 (a) Funeral director
(b) FEB 20 1943 Registrar

19 (a) (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] to 2-17 1943, and that I last saw h alive on 2-17 1943.

Immediate cause of death: Abortion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Seabold M. D.
Address Med. Arts Date signed 2-17-43

VS 8

9530

01308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 01308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days) 0

12-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2645 North Charles Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME: Weisberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1943

8. AGE: Years	Months	Days	If less than one day
		1	14 hr. 9 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Siegfried Weisberger
13. Birthplace Maryland

MOTHER
14. Maiden Name Rosamond Hutzler Hollander
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 19 1943 Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 20 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1943, at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12, 1943, to Feb. 13, 1943, and that I last saw him alive on Feb. 13, 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. X. Eastman M. D.

Address Johns Hopkins Hosp. Date signed 2-16-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

9831

G 01309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01309 Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Stephenson
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George A. Nelson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Virginia Nelson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1870

8. AGE: Years 72 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Samuel Nelson
13. Birthplace Md.

MOTHER 14. Maiden Name Melia ?
15. Birthplace Md.

16 (a) Informant Mrs. Virginia Nelson
(b) Address 506 Bloom Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-43 (month) (day) (year)
(c) Cemetery or crematory Piney Grove Cem.
Location Piney Grove, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St. Pennington Williams, Md.

19 (a) FEB 20 1943 (Date received) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1943, at 3:22 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death
Uremia
Due to Cardio-Vascular Disease
Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan 10/1943 at M
(c) Where did injury occur? Stephenson, Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Burned Auto-Gas grease

23. Signature Temple B. McCarty M.D.
Medical Examiner.
Date signed 2/17/43

G 01310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01310 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 N. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 N. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE Freeland MASON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/1875

8. AGE: Years	Months	Days	If less than one day
67	6		hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Mitchell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susie White
15. Birthplace Md.

16 (a) Informant Mrs Elvira Freeland
(b) Address 1111 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co., Md.

18 (a) Funeral director Mrs Frances E. Hemsley
(b) Address 578 W. Biddle St.

FEB 20 1943 Huntington Williams, Registrar
(Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 12P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Feb 17 1943 and that I last saw h alive on Feb 17 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Hypertension

Due to Coronary sclerosis and Uremia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Eustace
Address 805 N Fremont Ave Date signed Feb 20, 1943

(over)

G 01311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161c

Registered No. G 01311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 N. Streeper Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert William Connor

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	NONE	Male	White	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 17 1943

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name William Connor
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Cecelia Brockowska
15. Birthplace Baltimore, Maryland

16 (a) Informant Cecelia Connor
(b) Address 532 N. Streeper St. Baltimore, Md

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 20 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Biles Inc.
(b) Address 403 E. MOLER ST. Williamsport, Md

19. (a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1943, at 5:25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1943, to Feb 19 1943, and that I last saw h/2m. alive on Feb. 19 19 43

Immediate cause of death	Duration
Pulmonary edema	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Pulmonary edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Bloch M. D.
Address Sinai Hosp Date signed 2/19/43

VS 3

G 01312

BALTIMORE CITY HEALTH DEPARTMENT X 477 Registered No. G 01312

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 Richwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

27-10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Willards (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude M. Parsons

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1879

8. AGE: Years	Months	Days	If less than one day
63	7	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Garrison Adkins
13. Birthplace Md.

MOTHER
14. Maiden Name ---- Truitt
15. Birthplace Md.

16 (a) Informant Homer Adkins
(b) Address Willards, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory New Hope Cem.
Location Willards, Md.

18 (a) Funeral director Holloway & Co.,
(b) Address Salisbury, Md.

19 (a) Filed 2-20-1943 (b) Huntington Williams, M.D.
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1941 to Feb 19 1943, and that I last saw h er alive on Feb 19 1943.

	Duration
Immediate cause of death: Hypostatic Congestion	3 days
Due to Chronic Hypertension	5 yrs.
Due to Primary Carcinoma Lung with Metastasis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George S. Bayley M.D.
Address Peninsula Hospital Salisbury Md. Date signed 2/24/43

G 01343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 01343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 N. Castle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 623 N. Castle St
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH MESTEL OR MENZEL

3 (b) If veteran, name war Spanish-American
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1861

8. AGE: Years	Months	Days	If less than one day
81	9	10	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Michael Mestel
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Marie Case
15. Birthplace Germany

15 (a) Informant Mollie Schreib
(b) Address 623 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/43 (month) (day) (year)
(c) Cemetery or crematory Bethlehem Methodist
Location Frederick Rd.

18 (a) Funeral director M. W. E. Dippel & Sons
(b) Address 1201 Light St. Baltimore, Maryland

19 (a) FEB 20 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943 at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Asst. Medical Examiner.
Date signed 2-19-43

VS 6

Morgue G 01314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01314 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 N. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hampton Gary Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 14, 1942

8. AGE: Years | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hampton Gary Sr.
13. Birthplace Halifax N.C.

MOTHER
14. Maiden Name Estelle Crowell
15. Birthplace Halifax N.C.

16 (a) Informant Hampton Gary Sr.
(b) Address 1225 N. Eden St

17 (a) Burial (b) Date thereof Feb. 20, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. Robert J. Elliott Dyer
(b) Address 1129 N. Carlton St

19 (a) FEB 20 1943 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1943, at 1 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said Inquest & Autopsy (Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

Immediate cause of death pneumonia, acute interstitial — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 18 1943

VS 6

Type or write with pen and ink. Use black ink. Write the cause of death clearly and legibly.

G 01315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 G 01315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 St. Paul (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM L. ADAMS

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 217-10-1884

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ruth M. Adams

6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) March 7, 1914

8. AGE: Years 28 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Cambridge Md. (Town, county, and state)

10. Usual Occupation Steam fitter

11. Industry or business H. W. Kellogg Co.

FATHER
12. Name Sebastian Adams
13. Birthplace Cambridge Md.

MOTHER
14. Maiden Name Elizabeth Mills
15. Birthplace Cambridge Md.

16 (a) Informant Mrs. Ruth M. Adams
(b) Address 2129 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location A. A. Co.

18 (a) Funeral director C. H. Bowers & Sons
(b) Address 1400 E. Chase St

19 (a) FEB 20 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943 at 3 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Burns, 2nd & 3rd degree two-thirds of body
Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 19, 1943 at 5 30 M
(c) Where did injury occur? Boston & Gambling St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury explosion of cooking gas burner

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 2-19-43

VS 6

G 01316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01316 Registered No. 330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2707 Presbury St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 Presbury St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith May Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Adam Smith

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1884

8. AGE: Years 58 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Aquilla Wheeler
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Elizabeth McPorter
15. Birthplace Baltimore County, Md.

16 (a) Informant Adam Smith (Husband)
(b) Address 2707 Presbury St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22/1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary Cemetery
Location Balto. Md.

18 (a) Funeral director C. Horace Eyring
(b) Address 1400 Asquith St

FEB 20 1943 (b)
(Registrar's signature) Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19, 1943, at 9:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1943 to Feb 18, 1943 and that I last saw h alive on Feb 18 1943

Immediate cause of death: Bronchopneumonia — Duration 4 days
Due to Grippe — 4 days
Due to
Other Conditions Myocarditis — 3 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. T. Hartman M.D.
Address Edmondson Ave. Date signed 2/19/43

Huntington Williams, M.D.

Fr Paruch
2506 Baltimore St

G 01317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4506 Ashland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 4
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4506 Ashland Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wenceslaus Benda

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Barbara Benda
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 27 1872
8. AGE: Years 70 | Months 2 | Days 22 | If less than one day hr. min.
9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Retired

FATHER
12. Name James Benda
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Stella Benda
(b) Address 4506 Ashland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md
18 (a) Funeral director Frank Brack & Son
(b) Address 900 N. Chester St
19 (a) FEB 20 1943 (Date rec'd by registrar) (b) Livingston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1943 to Feb 18 1943, and that I last saw [illegible] alive on Feb 18 1943.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Arteriosclerosis	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Daruch M. D.
Address 2530 E. Baltimore St Date signed 2/19/43

VS 180

G 01318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G 01318

Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 East St.
(c) Hospital or institution:

5-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 East St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/31/1872

8. AGE: Years	Months	Days	If less than one day
70	1	16	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John Queen
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Elizabeth Queen
15. Birthplace Maryland.

16 (a) Informant Hattie Brown
(b) Address 504 East St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto County Md.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St.

19 (a) FEB 20 1943 (Date rec'd by Registrar) Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16- 1943, at 1145 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4-43 19 Feb 16 1943. and that I last saw h[illegible] alive on 2-16-43 19

Immediate cause of death	Duration
Chronic Cardiac Disease	month
Due to Carcinoma of Left Leg	6 mos
Due to Phlebitis	
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Carter M. D.
Address 1524 Druid Hill Ave signed 2-18-43

VS 150

G 01319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01319 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 Douglass Court
(c) Hospital or institution: 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Douglass Court (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James E. Sanders

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife Maud Sanders
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/12/1894

8. AGE: Years	Months	Days	If less than one day
48 49	11	23	hr. min.

9. Birthplace Georgia (town, county, and state)
10. Usual Occupation Porter
11. Industry or business Private

FATHER
12. Name Richard Sanders
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Maud Sanders
(b) Address 205 Douglass Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Co.
Location

18 (a) Funeral director Rayner Sanders
(b) Address 1012 E. Preston St.

19 (Date rec'd by registrar) FEB 20 1943 Huntington Williams Mfg. Co.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1943 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15, 1942 to Feb. 17, 1943, and that I last saw h[illegible] alive on Sept 15, 1942

Immediate cause of death Hypertensive Cardio Vascular Disease — Duration 2 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Olson M. D.
Address 312 E 23rd St Date signed 2-19-43

01320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1159

G 01320 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6404 Sefton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Lucas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Woman's Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. John Lucas
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary Ella Muir
15. Birthplace Balto. Md

16 (a) Informant Mother
(b) Address 6404 Sefton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 20 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 20 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1943 to 2-19 1943, and that I last saw her alive on 2-19 1943

Immediate cause of death — Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Arthur York M. D.
Address Woman Hospital Date signed 2/19/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 3

9832

G 01321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 137a

G [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Fairfield P.O., Md.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1840

8. AGE: Years 53 | Months | Days | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name David Smith
13. Birthplace Virginia

MOTHER
14. Maiden Name Laura Morgan
15. Birthplace N. C.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 W Lanvale St.

19 (a) (Date received by registrar) FEB 20 1943 (b) Burial to Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1943, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13 1943 to 2/18 1943 and that I last saw h[illegible] alive on 2/15 1943.

Immediate cause of death	Duration
Terminal Uremia	
Due to Chronic Glom. Nephr.	
Due to Hypertension C.V.R.	
Other Conditions Arteriosclerosis	
Pulmonary edema	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Tracy M.D.
Address Univ. Hosp. Date signed 2/19

G 01322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

G 01322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Stockton St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Stockton St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Estelle Palmer Boswell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Female	Col	married

6 (b) Name of husband or wife Chester W. Boswell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 1905

8. AGE: Years	Months	Days	If less than one day
37	2	10	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Lee
13. Birthplace Baltimore

MOTHER
14. Maiden Name Helen Palmer
15. Birthplace Baltimore

16 (a) Informant Chester Boswell
(b) Address 130

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 (month) (day) 1943 (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 3221 Schroeder St

19 (a) FEB 20 1943 (Date received by Registrar) Washington Williams, Jr. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1943 at 2 75 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1943 to Feb 17 1943 and that I last saw h[illegible] alive on Feb 11 1943

Immediate cause of death: Valvular Heart Disease — Duration 7

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Douglas Sheppard M.D.
Address 1631 W. Franklin St Date signed 2/19/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01323 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 St. Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NATHANIEL WATTS, JR.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-7938

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/8/1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	6	11		

9. Birthplace Pikesville, Md. (Town, county, and state)

10. Usual Occupation salesman

11. Industry or business

FATHER 12. Name Nathaniel Watts

13. Birthplace Pikesville

MOTHER 14. Maiden Name Imogene Boysden

15. Birthplace Pikesville

16 (a) Informant Mr. John Jenkins

(b) Address Penna. & Fulton Aves.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)

(c) Cemetery or crematory Stone Chapel

Location Pikesville Md

18 (a) Funeral director Jos. J. Fickus & Sons

(b) Address North & Penna Aves

19 (a) 21 (Date rec'd by registrar) (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943 at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Medical Examiner.

Date signed 2-16-43

VS 6

JL 15886 G 01324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G 01324 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 26-12
(c) Hospital or institution: Baltimore City Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar Kunkalowski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1862

8. AGE: Years	Months	Days	If less than one day
81 ?	?	?	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Micheal
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Furnace Side Rd Balto Co

18 (a) Funeral director J. F. Hey Loys
(b) Address 1 W. Lafayette St.

19 (a) (Date rec'd by registrar) FEB 20 1943 (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1943 at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1935 to 2-13 1943 and that I last saw alive on 2-13 1943

Immediate cause of death	Duration
Carcinoma of Bladder	?
Due to with Metastases	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at AM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward D Hart
Address Bal C City Hosp Date signed 2-M D 43

G 01325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 B

G 01325 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas J. Ward

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-10-6200

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 1899

8. AGE: Years 43 | Months 6 | Days 6 2 | If less than one day: hr. min.

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business

FATHER 12. Name James Ward

13. Birthplace Maryland

MOTHER 14. Maiden Name Delia Langan

15. Birthplace Maryland

16 (a) Informant Mrs Thos Ward

(b) Address 313 Henderson Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)

(c) Cemetery or crematory St Peters

Location Balto Md

18 (a) Funeral director Geo A Fahey

(b) Address Baltimore Md

19 (a) FEB (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1943, at 5. A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1943, to Feb 17 1943, and that I last saw him alive on Feb 17th 1943.

Immediate cause of death	Duration
Acute Heart failure	2 hrs.
Due to Pulmonary Emphysema. Hypertension	?
Due to Chronic Bronchitis.	4 years.
Other Conditions Obesity	7 years.

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Townsend Allen M.D.

Address 910 W Lombard St Date signed 2/19/43

VS 189

G 01326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01326

Registered No. 115c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 South Rd., Dundalk
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joyce Ann Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife O

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1936

8. AGE: Years	Months	Days	If less than one day: hr.	min.
7				

9. Birthplace Mc Roberts, Kentucky
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Guy Kelly
13. Birthplace Cleveland, Va.

MOTHER
14. Maiden Name Mary Louise Rowlett
15. Birthplace Harrogate, Tennessee

16 (a) Informant Admission History
(b) Address Mercy Hospital

17 (a) Removal (Burial, cremation or removal) (b) Date thereof Feb 20-43 (month) (day) (year)
(c) Cemetery or crematory
Location Cleveland Va.

18 (a) Funeral director George W. Farley
(b) Address Fulton & Fayette

19 (a) FEB 20 1943 Registrar

VS 150

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1943 to Feb. 19 1943, and that I last saw h[illegible] alive on Feb. 19 1943.

Immediate cause of death	Duration
Cardio-Respiratory failure	
Due to Septicemia (Strep. Viridans)	
Due to Tonsillitis	
Other Conditions Liver abscess	

(Include pregnancy within 3 months of death)

Date of operation Feb 10 1943

Major findings of operations Tonsilectomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Peyton Ritchings M.D.
Address Mercy Hospital Date signed 2/19/43

G 01327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01327 / 307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 2
(d) Street No. 1407 N. Charles St (Charles Hotel) (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. McGrahan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9 1893

8. AGE: Years	Months	Days	If less than one day
59	4	11	hr. min.

9. Birthplace Brooklyn N.Y. (Town, county and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Timothy Mc Mahon
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Hollonan
15. Birthplace Ireland

16 (a) Informant Christopher Mc Mahon
(b) Address Brooklyn N.Y.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 20 43 (month) (day) (year)
(c) Cemetery or crematory
Location Cortland N.Y.

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette Sts Huntington Indiana

19 (a) FEB 20 1943 (Date rec'd by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943 at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Ruptured aneurysm of aorta — Duration
Due to — at
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb 18 1943

G 01323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01328 Registered No. 46a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(b) Street No. 1145 W Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Feintuch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Abraham Feintuch
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Mrs Jacob Fried
(b) Address 819 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) FEB 20 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1943 at 3.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2, 1943 to Feb 19, 1943.
and that I last saw him alive on Feb 19, 1943.

Immediate cause of death Carcinoma of Esophagus & Stomach — Duration 1 year.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: X-ray

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M B Levin MD

Address 211 W. Monument St Date signed 2/19/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01329 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hospital of Baltimore, Inc. 15 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4326 Park Heights ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Shapos Biber

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife David
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1884

8. AGE: Years	Months	Days	If less than one day
58	2		hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Philip Schentatzeir
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Samuel Shapos
(b) Address 5718 Narcissus ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21/43 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle
Location Odonnell St

18 (a) Funeral director Sol Levinson Bro
(b) Address 1124-26 W North ave

19 (a) FEB 20 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1943, at 12:56 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1943 to 2-19 1943 and that I last saw her alive on 2-19 1943.

Immediate cause of death	Duration
Myocardial insufficiency	
Due to Myocardial infarction	
Due to Coronary occlusion	12 hrs?
Other Conditions Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Moore M. D.
Address Monument St + Rutland Ave Date signed 2-19-43
Sinai Hosp. of Balto. Inc

VS 8

G 01329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 01330 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 E. Baltimore St
(c) Hospital or institution: v
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? for (Yes or No) If yes, name country

3 (a) FULL NAME Edward Andrew Kretzer

3 (b) If veteran, name war: v

3 (c) Social Security Account No. 214-10-0693

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Widower

6 (b) Name of husband or wife Mollie Belle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Steel Roller
11. Industry or business Steel Mill

FATHER
12. Name Unknown
13. Birthplace Penna.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Edgar L. Kretzer
(b) Address 1726 E. Baltimore St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-20-43 (month) (day) (year)
(c) Cemetery or crematory: Location Vandergrift, Penna

18 (a) Funeral director Jack Pelsinger
(b) Address 1429 E. Balto St

19 (a) FEB 20 1943 (Date received by registrar) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1927, to Feb. 19 1943, and that I last saw h[illegible] alive on Feb. 19 1943.

Immediate cause of death	Duration
Due to Carcinoma of the Colon	June 42 (?)
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Aug. 27, 1942
Major findings of operations: Metastasis
Carcinoma of ascending Colon
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Linden M. D.
Address 14 S. Broadway Date signed 3/24/43

G 01331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 01331 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 Argyle
(c) Hospital or institution:

17-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 5y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Argyle Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth R. White

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife Sylvester White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/2/1891

8. AGE: Years	Months	Days	If less than one day
51 52	11	15	hr. min.

9. Birthplace Chestertown Md
(Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name Samuel Russell
13. Birthplace chestertown md

MOTHER
14. Maiden Name Rachel Wright
15. Birthplace Chestertown Md.

16 (a) Informant Annie R. Jones
(b) Address 1206 Argyle Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 21, 1943 (month) (day) (year)

(c) Cemetery or crematory Chestertown, Location Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

FEB 20 1943 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1943 at 3.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1942 to 2-17 1943 and that I last saw h.r. alive on 2-17 1943.

Immediate cause of death Hypertensive cardio-vascular disease (uremia) — Duration Several years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M.D.
Address 1500 E. Madison St Date signed 2/20/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

✓ G 01332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 25 P
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. X 63 Hormel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Homer Gilcrease

3 (b) If veteran, name war —

3 (c) Social Security Account No. 302-10-5164

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen Irene

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1910

8. AGE: Years	Months	Days	If less than one day
32	6	5	hr. min.

9. Birthplace Caddo Oaklahoma
(Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Construction

FATHER
12. Name John Gilcrease
13. Birthplace Oaklahoma

MOTHER
14. Maiden Name Alice Moss
15. Birthplace Oaklahoma

16 (a) Informant Mrs. Helen Irene Gilcrease
(b) Address 433 Hormel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)

(c) Cemetery or crematory Sunny Lane Cem.
Location Enid, Oaklahoma

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) FEB 20 1943 (Registrar's signature) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19-1943, at 2-25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by Autopsy and Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to 2nd " degree burns	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Date of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-18-43 at 5:25 P M
(c) Where did injury occur? Standard Oil Co.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Plant Yard While at work? Yes
(Specify type of place)
(e) Means of injury Explosion of gasoline

23. Signature Howard J. Andrews M.D.
Medical Examiner.
Date signed 2-20-43

01333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

Registered No. G 01333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 Laurens St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Laurens St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter J. Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1942

8. AGE: Years | Months: 8 | Days: 16 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Walter Robinson
13. Birthplace Greenwood S.C.

MOTHER
14. Maiden Name Geneva Boyd.
15. Birthplace Greenwood, S.C.

16 (a) Informant Lourden Robinson
(b) Address 1708 Riggs ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 519 N. Calhoun St.

19 (a) FEB 20 1943 (Date rec'd by registrar) (b) Victorine Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19-1943, at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16-1943 to 2-19-1943 and that I last saw h alive on 2-19-1943.

Immediate cause of death: Lobar Pneumonia — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George C. Boger
Address 1516 N. Mount St. Date signed 2-19-43

VS 8

G 01334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 ✓ Registered No. G 01334

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME May Smith

3 (b) If veteran, name war — 3 (c) Social Security Account No. 219-14-0586

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife Sidney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/18/1911

8. AGE: Years	Months	Days	If less than one day
31	5	2027	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Defense Worker
11. Industry or business

FATHER
12. Name Jack Keith
13. Birthplace Granville N. C.

MOTHER
14. Maiden Name Viola Mitchell
15. Birthplace N. C.

16 (a) Informant Melvin Keyth (Brother)
(b) Address 310 W 127th St. N.Y.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/43 (month) (day) (year)
(c) Cemetery or crematory Pleasant Union
Location Wake County N. C.

18 (a) Funeral director Charles E. Cooper
(b) Address 514 N. Calhoun St.

19 (a) FEB 20 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943, at 3 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Gunshot wounds of right face and jaw.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence ? at M
(c) Where did injury occur? 425 N. Carey St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Sharp instrument

23. Signature Robert Lee Grayson M.D. Medical Examiner.
Date signed Feb. 16 1943

G 01335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01335 ✓ 120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 N Wolfe St
(c) Hospital or institution: 6H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 N Wolfe
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara M Marckes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Race: French W.

5. Color or race

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Raymond Marckes

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Apr 14 1879

8. AGE: Years 63 | Months 10 | Days 5 | If less than one day: hr. min.

9. Birthplace Balto Co Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Charles Warner
13. Birthplace Md

MOTHER
14. Maiden Name Annie S Helton
15. Birthplace Md

16 (a) Informant Raymond Marckes
(b) Address 209 N Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/43 (month) (day) (year)
(c) Cemetery or crematory Johnsville Cem
Location Sykesville Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2109 E Oliver

FEB 21 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1943 at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936 to Feb. 19 1943 and that I last saw h[illegible] alive on Feb. 18 1943.

Immediate cause of death	Duration
Pulmonary Tuberculosis	10 yrs +
Due to	
Due to	
Other Conditions Chronic Nephritis	2 yrs +

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Schneider M. D.
Address 1101 N. Fulton Ave Date signed 2-19-43

VS 3

42 9919 — BALTIMORE CITY HEALTH DEPARTMENT — G 01336 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ANN ARUNDEL
(c) City or town ANNAPOLIS (If outside city or town limits, write RURAL and give town.)
(d) Street No. 117 Clay St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY BATSIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	WIDOWED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-84

8. AGE: Years	Months	Days	If less than one day
58	1	30	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation LAUNDRESS

11. Industry or business

FATHER — 12. Name JOHN BATSIN
13. Birthplace ?

MOTHER — 14. Maiden Name MARY ?
15. Birthplace ?

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Brewer Hill Cemetery
Location West Street extended

18 (a) Funeral director Ethel L. Hirlee
(b) Address 45 Northwest St Annapolis Md

PTD 2 [illegible] (Date rec'd by registrar) (b) Huntington Williamsport, Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1943 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1943 to Feb 20 1943 and that I last saw h. alive on Feb 20 1943

Immediate cause of death: Subarachnoid haemorrhage — Duration ca 17 days

Due to: Rupture of vessel of right temporal lobe of brain

Due to: Hypertensive vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hospital Date signed 2/28/43

G 01337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01337 Registered No.

AB- 77962

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3----6
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Market Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Staubes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6-1876

8. AGE: Years	Months	Days	If less than one day
66	10 11	13	hr. min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name William Staubes
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Fox
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb 20-43 (month) (day) (year)

(c) Cemetery or crematory
Location Oakens S. Carline

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. Balto.

19 (a) (Registrar) (b) Printing for Wm. Wilkins

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19 19 43 at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13/43 19 43 to 2/19 19 43 and that I last saw him alive on 2/19 19 43

Immediate cause of death LOBAR PNEUMONIA — Duration 7 days

Due to

Due to

Other Conditions Arteriosclerosis — 1 year
Heart Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hatterman M. D.
Address BALTIMORE CITY Date signed 2/19/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FL Dup 150

HOSPS

G 01338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 01338 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution:
Levi Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 Brem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leah Hyman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Late Meyer Jacob
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Solomon Shkop
13. Birthplace Poland

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Poland

16 (a) Informant Sidney Hyman
(b) Address 1124 1126 W North Ave

17 (a) Burial (b) Date thereof Fe b, 21, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Southern Ave
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 FEB 21 1943 Huntington Williams, M.D.
(Date filed by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1943, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1943, to 2-20 1943, and that I last saw her alive on 2-20 1943.

Immediate cause of death: Cardiac failure — Duration: 5 days

Due to: Coronary Sclerosis

Due to:

Other Conditions: Pneumonia, right lower lobe

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Levi Hosp. of Balto., Inc. Date signed
Monument St & Rutland Ave.

G 01339 ✓ G 01339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution: Rutland Ave & Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3835 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sara Shocket

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Ididore
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec, 1, 1902

8. AGE: Years	Months	Days	If less than one day
40	2	19	hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business: House Wife

FATHER
12. Name: Jacob Harris
13. Birthplace: Poland

MOTHER
14. Maiden Name: Anna Rosenthal
15. Birthplace: Russia

16 (a) Informant: Isidore Shocket
(b) Address: 3835 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb, 21, 1943 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Herring Run
Location: Bowleys Lane

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) Filed: FEB 24 1943 (b) Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1943, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1943 to 2/20 1943 and that I last saw h[illegible] alive on 2/20 1943.

Immediate cause of death: Paralytic ileus — Duration: 1½ wks.
Ascites & jaundice.
Due to Adenocarcinoma sigmoid left ovary — 2 wks.
Due to Peritonitis acute diffuse
Other Conditions Supravaginal hysterectomy
(Include pregnancy within 3 months of death)
Date of operation 2/6/43
Major findings of operation: Adenocarcinoma uteri
of autopsy: as stated above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Alexander G Brockley M. D.
Address: Sinai Hospital Date signed: 2/20/43

VS 8

G 01340

AB-79897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106c

G 01340 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernard Edmonds

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2-1942

8. AGE: Years	Months	Days	If less than one day
	8	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Carter
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Edmonds
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory not Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by registrar) (b) Registrar

FEB 21 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943 at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1943 to Feb 19 1943, and that I last saw him alive on Feb 17 1943.

Immediate cause of death: Lagenga Probable Bronchitis — Duration 3 days

Due to: Organisms unknown.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation not done.
Major findings of operations:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N.K. Rathbun M. D.
Address Balto. City Hosp. Date signed 2-19-43

G 01341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 01341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 Canal alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] John A. Brown 2/16-43

3 (b) If veteran, name war Mar'd Spanish War Vet 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day hr.	min.
54				

9. Birthplace Baltimore Md (town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant E. J. Yancey
(b) Address 553 W. Biddle St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory E. A. National
Location Balto. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave

19 (a) 2-21-1943 Waiting for Williams M.R. (Registrar) Registrar

FEB 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16-1943, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Partial Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Partial Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes - partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 2-17-43

G 01342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01342 Registered No. 13 a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME [redacted] Elizabeth Mary Nall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace (Town, county, and state) Unknown

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Old age Pension (b) Address 327 St Paul St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Holstead

(b) Address 916 Druid Hill Ave.

19 (a) FEB 21 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & investigation thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry & investigation (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardio vascular - renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner.

Date signed Feb. 17, 1943

G 01343 · G 01343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 636 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD A. SCOTT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 7 | Days | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Howard A. Scott
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Catherine Cooper
15. Birthplace: Balto. Md.

16 (a) Informant: Mrs. Catherine Scott
(b) Address: 636 W. Mulberry St.

17 (a) Burial (b) Date thereof 2-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: MtCalvary
Location

18 (a) Funeral director: Adolphus Halstead
(b) Address: 918 Druid Hill Ave.

FEB 21 1943 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943 at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Intestinal obstruction	
Due to: Impacted feces	
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D.
Medical Examiner.

Date signed 2-25-43

VS 6

J. AHRENS & CO.
Funeral Directors
G 01344

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48a

G 01344 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6206 Park Heights Ave
(c) Hospital or institution: xxxx
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6206 Park Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BLANCHE M. ROSE.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Divorced Wife of BENJ ROSE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 24-1894

8. AGE: Years	Months	Days	If less than one day
48	3	27	hr. min.

9. Birthplace Balto. Md. (town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Jacob Moses.
13. Birthplace Germany.

MOTHER
14. Maiden Name Carrie Stern.
15. Birthplace Balto. Md.

16 (a) Informant Daniel J Moses.
(b) Address 6206 Park Heights Ave

17 (a) Hebrew Friendship Cem. Interment (Burial, cremation, or removal) thereof Feb 22-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem.
Location Balto. & Franklin Sts.
18 (a) Funeral director Ahrens & Co.
(b) Address 2[illegible] Pennsylvania Ave.

(Date rec'd by registrar) HEBREW FRIENDSHIP CEMETERY

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 20 1943, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1942, to Feby 20 1943, and that I last saw h[illegible] alive on Feby 20 1943.

	Duration
Immediate cause of death Carcinomatosis: pulmonary metastases, cutaneous metastases, etc.	7 mos.
Due to Carcinoma of cervix of	
Due to uterus	1½ yrs+
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of cervix of uterus - June 1941
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 4207 Eutaw Pl. Date signed Feb 21 43

G 01345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 01345 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Av
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 4012 Main Ave. Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

5 10

3 (a) FULL NAME Mary Pescatore

3 (b) If veteran, name war No. | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6 1943.

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Frank Pescatore
13. Birthplace Italy

MOTHER 14. Maiden Name Mary Belicki
15. Birthplace Delaware

16 (a) Informant Frank Pescatore
(b) Address 4012 Main Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 22 43 (month) (day) (year)
(c) Cemetery or crematory Loraine Cemetery
Location Balto Co Md

18 (a) Funeral director Phillip Amoroso
(b) Address 1003 W. Baltimore St

FEB 21 1943 Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20 19 43 at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1943 to 2/20 1943, and that I last saw h[illegible] alive on 2/20 1943.

Immediate cause of death: Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Arthur Koonberg
Address St. Agnes Hosp Date signed 2/21/43

G 01346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 D

G 01346 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E. Monument St
(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 N. Longwood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLYMAN, IDA

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Clyman
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 10-10-1898

8. AGE: Years	Months	Days	If less than one day
44	4	10	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Isaac Ingber
13. Birthplace Russia

MOTHER
14. Maiden Name Dora
15. Birthplace Russia

16 (a) Informant Husband.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-43 (month) (day) (year)
(c) Cemetery or crematory Carna Cargo
Location Ridgedale

18 (a) Funeral director Jos. Levin Inc
(b) Address 1439 E. Baltimore St

FEB 21 1943 Huntington Williamsport
(Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20 1943, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1943, to 2/20 1943, and that I last saw her alive on 2/20 1943.

Immediate cause of death Cerebral Embolism — Duration

Due to Hematuria Hx. Dyscrasia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David J. Fasher
Address Sinai Hosp. Date signed 2/20 M. D.

G 01347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 01347 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 820 Park Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Park Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Wm. Pawson Chunn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Florence Woolford

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1858

8. AGE: Years 84 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation physician

11. Industry or business

FATHER
12. Name Dr. James T. Chunn
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Florence W. Chunn
(b) Address 820 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location North & Greenmount Aves.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 FEB 21 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19 1943, at 2.12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 19__ to 2-19 1943. and that I last saw him alive on 2/19 1943.

Immediate cause of death CEREBRAL ARTERIOSCLEROSIS — Duration 10 Yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St. Date signed

Dr. John Dorsey

G 01348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01348 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 S. CLINTON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 S. CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHM M. SELIG

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife: SADIE SELIG
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 11 1867

8. AGE: Years	Months	Days	If less than one day
76	0	7	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation BLACKSMITH
11. Industry or business

FATHER
12. Name JOHN SELIG
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANNA LIND
15. Birthplace GERMANY

16 (a) Informant ANDREW SELIG (BROTHER)
(b) Address 2903 LINWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 22/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD.

18 (a) Funeral director Lilly and Zeiler INCs
(b) Address 403 S. WOLFE ST.

19 FEB 21 1943 (Date rec'd by registrar) (Signature) for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 18 1943 at 9/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Feb 18 1943. and that I last saw h[im] alive on Feb 1 1943.

Immediate cause of death	Duration
Hypertension	2-1-42
Cardiovascular Disease	2-18-43
Coronary Occlusion	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. L. Schumacher M. D.
Address 1428 E. Fayette Date signed 2-19-43

VS 3

for Gen. L. Hollingsworth Howard J. Madden, M.D.

G 01349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

G 01349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1646 MONTPELIER ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1646 MONTPELIER ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARAH LEE WINCHESTER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife ROBERT WINCHESTER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 6 1884

8. AGE: Years	Months	Days	If less than one day
58	6	12	hr. min.

9. Birthplace PITTSBURG PA. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name CHARLES SICKLE
13. Birthplace PENNA.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace PENNA

16 (a) Informant MRS. QUINN (DAUGHTER)
(b) Address OAKLEE VILLAGE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 22/43 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly and Geiler INC.
(b) Address 403 S. WOLFE ST.

FEB 21 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 18 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1940 to Feb. 18 1943 and that I last saw h[illegible] alive on Feb. 18 1943.

Immediate cause of death: Carcinoma of stomach — Duration: 2 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W J Gould M. D.
Address 14 W. East ave Date signed 2-19-43

VS 2

G 01350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01350 Registered No. 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NORMAN TWEED

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-10-4841

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28-1902

8. AGE: Years	Months	Days	If less than one day
40	3	20	hr. min.

9. Birthplace Stanton Delaware (Town, county, and state)

10. Usual Occupation farmer

11. Industry or business

FATHER 12. Name Harry Tweed

13. Birthplace Delaware

MOTHER 14. Maiden Name Mable Norris

15. Birthplace Delaware

16 (a) Informant George Tweed

(b) Address Thorton Smiths Rd - Sparks Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)

(c) Cemetery or crematory Newark

Location Newark Delaware

18 (a) Funeral director Frank H Seitz

(b) Address 814 N 36 St

FEB 21 1943 Registrar (Signature of Local Registrar) Acting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1943, at 9:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Crushing Injuries

Due to accident

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-16-43 at M
(c) Where did injury occur? Baldwin, Md Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? farm (Specify type of place) While at work? Yes
(e) Means of injury Crushed between Truck & Tree

23. Signature H. L. Wallenmeyer M.D. Assistant Medical Examiner.

Date signed 2-19-43

V8 6

G 01351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 01351
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Riverside Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Blanche Skinner 79417

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	sep.

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1894

8. AGE: Years	Months	Days	If less than one day
48	3	17	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name John Buete
13. Birthplace ?

MOTHER
14. Maiden Name Nellie Roach
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1943 (month) (day) (year)
(c) Cemetery or crematory Cemetary Location Washington, D. C.

18 (a) Funeral director Wm. J. Tribbett & Son
(b) Address 400 W. Pa. Ave Balto, Md

19 Date received FEB 27 1943 Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943, 4:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1943 to Feb. 20 1943 and that I last saw her alive on Feb. 20 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 yrs?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: As above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Cross M. D.
Address Balt City Hosp Date signed 2-24-43

JL - 79874 G 01352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

Registered No. G 01352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 E. Madison
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes 218-05-217

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Rosa Bella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1905

8. AGE: Years	Months	Days	If less than one day
37 38	? 6	?	hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Beth. Steel Shipyard

FATHER
12. Name Elliott Smith
13. Birthplace S. C.

MOTHER
14. Maiden Name Mary ?
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (month) (day) (year)
(c) Cemetery or crematory Pleasant Grove
Location Beltsville S. C.

18 (a) Funeral director Byron Harriett K. Wright
(b) Address 731 Duquesne St

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

FEB 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1943 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16- 1943 to 2-17 1943 and that I last saw h[illegible] alive on 2-17- 1943

Immediate cause of death	Duration
Retroperitoneal cellulitis	
Due to Extension of peritoneal abscess	3 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2-17-43
Major findings of operation: As above
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Horn M.D.
Address Beth. Shipyard Hosp. Date signed 2-20-43

1-28-43

G 01353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01353 Registered No. 1640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2518 N. Fairmount ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2518 N. Fairmount (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Co (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George L. Ebberts Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-01-5633

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1904

8. AGE: Years	Months	Days	If less than one day
39	21	1617	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B & O. R.R.

FATHER
12. Name George L. Ebberts, Sr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia A. Kratz
15. Birthplace Maryland

16 (a) Informant George L. Ebberts, Sr.
(b) Address 2518 N. Fairmount Ave

17 Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave. Baltimore

18 (a) Funeral director E. B. Wippert
(b) Address 1300 Eutaw Place

19 FEB 21 1943 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19- 1943 at 6 45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Asphyxiation — Hanging

Due to

Due to

Other Conditions Psychoneurosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-19-43 at 2:30 P.M
(c) Where did injury occur? 2518 N. Fairmount Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Suspended with rope from rafter

23. Signature Howard J. McLean M.D. Medical Examiner.
Date signed 2-20-43

VS 6

G 01354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01354 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 Bolton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Bolton St
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M. Kreiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mary Carr Kreiner
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct. 21 1880

8. AGE: Years	Months	Days	If less than one day
62	3	28?	— hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Owner
11. Industry or business Grocery Business

FATHER
12. Name Michael Kreiner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Wolfe
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Mary Carr Kreiner
(b) Address 1500 Bolton St

17 (a) BURIAL (b) Date thereof 2/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Edmondson Ave

18 (a) Funeral director F. B. Wippert
(b) Address 1300 Eutaw Place

FEB 21 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1943, at 10.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1935 to Feb 18 1943 and that I last saw h. in alive on Feb 18 1943.

Immediate cause of death: Coronary occlusion — Duration: 1 day

Due to:

Due to:

Other Conditions: Coronary occlusion — 1935

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. J. Keller M. D.
Address 722 W. Lexington Date signed 2/22/43

G 01355 ✓ G 01355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Harford Park Ave.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Rudolph Johnson.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Dead.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19 1859.

8. AGE: Years 83 yrs | Months 10 mo. | Days 0 | If less than one day 0 hr. 0 min.

9. Birthplace Germany.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace German.

MOTHER
14. Maiden Name Unknown
15. Birthplace German.

16 (a) Informant Church Home Hospital
(b) Address Admission Dept

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)
(c) Cemetery or crematory Mount Lebanon Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. B. Wiesenfeld + Son
(b) Address 300 Eutaw St.

FEB 21 1943 (Date received by registrar) (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17, 1943 to Feb 20 1943, and that I last saw h[illegible] alive on Feb 20 1943.

Immediate cause of death: Carcinoma of the pancreas with metastasis — Duration: 4 wks.
Due to: Carcinoma of prostate — Duration: 6 mos.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 2/18/43.
Major findings of operation: Carcinoma of pancreas with biliary obstruction
of autopsy: No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr David Bachrach M. D.
Address Church Home + Hospital Date signed 2/18/43

VS 3

G 01356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G 01356
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2811 Berwick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Berwick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alphonsus J. Welzl

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-4460

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna Welzl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	1	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Furniture

FATHER
12. Name Louis Welzl
13. Birthplace Austria

MOTHER
14. Maiden Name Elizabeth C. Weldon
15. Birthplace Baltimore

16 (a) Informant Mrs. William Stein
(b) Address 2811 Berwick Ave

17 (a) Burial (b) Date thereof Feb. 22, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore
18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 FEB 21 1943 (b) Huntington Williams, M.D.
Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Feb 19 1943.
and that I last saw h alive on Feb 19 1943.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hyland Zollinger M.D.
Address 5703 Harford Rd Date signed 3/24/43

G 01357

JL- 79924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 01357 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Revelia Ave. Middle River, Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sem Cline

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Clara Cline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 31, 1876

8. AGE: Years	Months	Days	If less than one day
66	10	18	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER 12. Name James Cline
13. Birthplace Pa

MOTHER 14. Maiden Name Catherine Whitzler
15. Birthplace Pa

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Jno. E. Hoban
(b) Address 300 E. Lexington St.

19 FEB 21 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 1943, at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1943 to 2-19 1943 and that I last saw him alive on 2-19 1943

Immediate cause of death	Duration
Cardiac failure	?
Due to Arteriosclerotic Heart Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. Rabkin M. D.
Address Balto. City Hosp. Date signed 2-19-43

G 01358 ✓ + G 01358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore + Dundalk Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wilkinson, Mr Joseph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30-1860

8. AGE: Years	Months	Days	If less than one day
82	7	20	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name James Wilkinson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Galaway
15. Birthplace Maryland

16 (a) Informant Mrs Mary Ann Grace
(b) Address Baltimore + Dundalk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Road

18 (a) Funeral director John A. Hodson
(b) Address 800 E Baltimore St

19 (a) Feb 21 1943 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1943, at 10-55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Feb 20 1943, and that I last saw him alive on Feb 20 1943.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	2 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1-1943
Major findings of operation: Amputation 4th left toe
of autopsy: Arteriosclerotic C.V. Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Cutler M. D.
Address Church Home + Infirmary Date signed 2-22-43

VS 3

G 01359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01359 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2703 Guilford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Guilford Ave,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara A. Butterfield

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife *****

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, I, 1874

8. AGE: Years	Months	Days	If less than one day
68	4	I9	hr. min.

9. Birthplace Baltimore, Md,
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business C&P Telephone Co,

FATHER
12. Name Rudolph A. Butterfield
13. Birthplace West Indeas

MOTHER
14. Maiden Name Mary E. McDonald
15. Birthplace St, Johns New Brunswick

16 (a) Informant Miss Mary Mahon
(b) Address 2703 Guilford Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John H. Moran.
(b) Address 4201 Greenmount Ave.

FEB 21 19[illegible] (b) [illegible] Harrington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb, 20. 1943 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2, 1942 to Feb. 20, 1943. and that I last saw h in alive on Feb. 20 1943.

Immediate cause of death	Duration
Acute Myocardial dilatation	Immediate
Due to Chronic Myocarditis	one year
Due to	
Other Conditions Generalized arterio-sclerosis (Include pregnancy within 3 months of death)	

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature Frank N. Ogden M. D.
Address 2701 N. Calvert St. Date signed Feb. 20, 43

G 01360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

G 01360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Fayette & Calhoune St.
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM BURKLEY TEBO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Gloria Metcalf

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Mar 3, 1916

8. AGE: Years 26 | Months 11 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Sargeant

11. Industry or business U. S. Army

FATHER
12. Name Jr Frederick Tebo
13. Birthplace West Virginia

MOTHER
14. Maiden Name Gertrude Beatty
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Vernon Seligman
(b) Address 107 N. Wheeler Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Bell Cem
Location 5501 Frederick Road

18 (a) Funeral director John J. Leaman & Son
(b) 901 Hollins St.

19 (a) [illegible] 3 (b) Huntington, West Virginia (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943, at 7 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Feb 18, 1943 at 8 10 M
(c) Where did injury occur? Ohio Athens (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Barracks While at work? (Specify type of place)
(e) Means of injury Revolver —

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-19-43

VS 6

G 01361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

12/a

G 01361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 Brentwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Brentwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew J. Gaskins

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29, 1864

8. AGE: Years 78 | Months 2 | Days 17,18 (If less than one day hr. min.

9. Birthplace Culpeper Co. Va. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Andrew J. Gaskins
13. Birthplace Culpeper Co. Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Peter L. Jackson
(b) Address 2408 Brentwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Eugene Woolard
(b) Address 1691 Druid Hill Ave. Baltimore, Md.

FEB 21 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Feb 17 1943, and that I last saw h— alive on Feb 17 1943.

Immediate cause of death Chronic Interstitial Nephritis — Duration 4 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A. Jones M.D.
Address 2329 Eutaw St. Date signed Feb 21-43

VS 3

G 01362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 McCulloh St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John B. Mitchell

3 (b) If veteran, name war: Spanish-American
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gladys Mitchell
6 (c) If alive, give age 1891
7. Birth date of deceased (mo., day, yr.) April 30, 1874
8. AGE: Years 68 Months 9 Days 19 (If less than one day) hr. min.
9. Birthplace Annapolis, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
FATHER 12. Name John Mitchell
13. Birthplace Annapolis, Md
MOTHER 14. Maiden Name Lucie ?
15. Birthplace Maryland
16 (a) Informant Gladys Mitchell
(b) Address 1706 McCulloh St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Balt. National Cem. Location Baltimore, Md.
18 (a) Funeral director Mrs. George W. Mallard
(b) Address 1691 Druid Hill Ave.
(a) Filed (Date received by Registrar) FEB 21 1943 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943, at 9:15 A. M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943 to Feb 19 1943, and that I last saw h/ alive on Feb 19 1943.

Immediate cause of death: Ruptured Aortic Aneurysm — Duration
Due to
Due to Probable Luetic Aortitis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Refused.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature B. F. Banfield M. D.
Address Provident Hospital Date signed 2-19-43

(over)

428199 G 01363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

G 01363 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Key correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 MADISON Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA STRANGE

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-3-92

8. AGE: Years	Months	Days	If less than one day
51	-	15	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name SAMUEL DAVIS
13. Birthplace Md

MOTHER
14. Maiden Name SARAH Bell
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Feb. 23, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Wm. George W. Holland
(b) Address 1691 Druid Hill Ave.

FEB 21 1943
(Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943 at 8 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 11 1943 to Feb 18 1943 and that I last saw h.e R alive on Feb 18 1943

Immediate cause of death Heart failure — Duration

Due to Rheumatic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 2/19/43 M.D.

VS 250

G 01364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and John Sts
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Belair (If outside city or town limits, write RURAL and give town)
(d) Street No. Chalice Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6, 1943

8. AGE: Years | Months | Days: 10 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mr Lawrence Loud Harris
13. Birthplace Henderson N. C.

MOTHER
14. Maiden Name Sarah Elizabeth Proctor
15. Birthplace Lumberton, N. C.

16 (a) Informant Sarah Elizabeth Proctor
(b) Address Chalice St. Bel Air Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/43 (month) (day) (year)
(c) Cemetery or crematory Darlington
Location Darlington

18 (a) Funeral director Edgar Foster
(b) Address Bel Air Md.

FEB 21 1943 (Date Rec'd by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 20 1943, at 10:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943, to Feb 20 1943, and that I last saw her alive on Feb 20 1943,

Immediate cause of death: Congenital heart disease — Duration

Due to: Intrauterine foetal death and premature afflictions

Due to: Convulsions

Other Conditions: Bilateral congenital ureteral strictures.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Intrauterine foetal death

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl S. Hellige
Address 1404 Park Ave. Date signed 2/21/43 M. D.

G 01365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 920

G 01365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 247 N. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN LEO HARRINGTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel Harrington

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) April 11 1903

8. AGE: Years: 39 | Months: 10 | Days: 8 | If less than one day: hr. min.

9. Birthplace Scranton, Pa. (Town, county, and state)

10. Usual Occupation Proprietor

11. Industry or business Tea shop

FATHER
12. Name Thomas Harrington
13. Birthplace Ireland

MOTHER
14. Maiden Name Helen Caffety
15. Birthplace Ireland

16 (a) Informant Mrs. Ethel Harrington
(b) Address 247 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Wilmarth Cook Inc
(b) Address 411 N. Paca Street

19 (d) FEB 21 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943, at 4:50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Acute bacterial endocarditis	
Due to: Valvular heart disease	
Due to: mitral stenosis rheumatic	
Other Conditions: None	

(Include pregnancy within 3 months of death)

Date of operation: None
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 2-19-43

VS 6

G 01366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 01366 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 E. Lanvale st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
9
(d) Street No. 1004 E. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Allen Haas

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-1715

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband ~~or wife~~ Anna B. Haas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7th 1882

8. AGE: Years	Months	Days	If less than one day
60	3	13	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Heavy Hail

FATHER
12. Name Lucian Haas
13. Birthplace Pa

MOTHER
14. Maiden Name Serenaka Wahl
15. Birthplace Pa

16 (a) Informant Anna B. Haas
(b) Address 1004 E. Lanvale St.

17 (a) Burial (Burial, ~~cremation~~, removal) (b) Date thereof 2/23/43 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Duncannon, Pa.
Location

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St Huntington Williams, Md.

19 FEB 21 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20th 1943 4:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to Feb. 18 1943 and that I last saw him alive on Feb. 18 1943.

Immediate cause of death Coronary thrombosis — Duration 2 hrs
Due to Arteriosclerosis
C-D disease
Due to
Other Conditions Chronic nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Granger, M.D.
Address 1402 E. Lanvale Date signed 2-20-43

VS 150

G 01367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 01367 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Harford Rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta W. Stange

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband: August F. Stange

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1st 1866

8. AGE: Years 76 | Months 3 | Days 19 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William H. Rohlfing
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mabel E. Clifton
(b) Address 5604 Plymouth Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location " Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 FEB 21 [illegible] Awaiting for Notarial, M.D. (Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19th 1943. at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1943 to Feb 20 1943, and that I last saw her alive on Feb 19th 1943.

Immediate cause of death: Generalized carcinomatosis — Duration 1 week

Due to Cancer of breast (Metastasing)

Due to

Other Conditions Cancer of Uterus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Harbold M. D.
Address 4706 Harford Road Date signed 2/24/43

VS 150

G 01368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 01368 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2016 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Viola James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19 43

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John James.
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Virginia Sullivan
15. Birthplace Balto Md.

16 (a) Informant John James.
(b) Address 2016 Greenmount Ave

17 (a) Burial (b) Date thereof Feb 22 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Pauls, Fifth & Belair Rds
Location

18 (a) Funeral director Stephen J. Faulkenstein
(b) Address 1424 Kenwood Ave Huntingtor Woodlawn, Md

19 (a) FEB 22 1943
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943. at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1943. to Feb 20 1943.
and that I last saw her alive on Feb 20 1943.

Immediate cause of death Prematurity — Duration 1

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rulon L. Solomon M. D.
Address 129 S Bway Date signed 2/24/43

VS 3

G 01369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01369 Registered No. 48

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linn and Idlewood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~year, month, or~~ days) 10
(e) Length of stay in Baltimore (~~year, mo.~~, or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town (Rural) New Windsor
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Naomi Stultz

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-3817

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Sterling Stultz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31 1898

8. AGE: Years	Months	Days	If less than one day
44	10	21	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Fockingbill
13. Birthplace Maryland

MOTHER
14. Maiden Name Mollie Snider
15. Birthplace Maryland

16 (a) Informant Sterling E Stultz
(b) Address New Windsor Md R.D

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23-43 (month) (day) (year)
(c) Cemetery or crematory Pipe Creek
Location Uniontown Road

18 (a) Funeral director D D Heath & Son
(b) Address New Windsor Md Union Bridge

(b) Huntington Williams M.D. (registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1943, at 11:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from February 11 1943, to February 21 1943, and that I last saw ~~her~~ alive on February 21 1943.

Immediate cause of death Carcinoma of Cervix with metastasis to ~~Duo to~~ Neck and Mediastinum — Duration 7

Due to

Other Conditions Syphilis

(Include pregnancy within 3 months of death)
Date of operation February 11, 1943
Major findings of operations: carcinoma of cervix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm T Raby M.D. M. D.
Address University Hospital Date signed Feb 24/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01370 ✓ G 01370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87e

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Lyndhurst St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1864

8. AGE: Years	Months	Days	If less than one day
78	10	25	hr. min.

9. Birthplace Baltimore Md (Town, county and state)
Retired Gov. Clerk
10. Usual Occupation Book Binder
11. Industry or business Prof. Library

FATHER
12. Name Wm. S. Hill
13. Birthplace Scotland

MOTHER
14. Maiden Name Ellen Burke
15. Birthplace Ireland

16 (a) Informant Catherine E. Hill
(b) Address 609 Lyndhurst St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Kittle
(b) Address 410 E. Lexington Ave

19 (a) [illegible] (b) Huntington Williams M.D. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 1943 at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5-43 19 , to 2-19-43 19 , and that I last saw her alive on 2-19-43 19 .

Immediate cause of death	Duration
Cardiac Aberation	
Due to Arteries & clerosis	
Due to Lob. pneumonia,	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Byerly Jr. M. D.
Address University Hospital Date signed 2-19-43

VS 130

G 01371

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01371

CERTIFICATE OF DEATH 178A

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Luther P. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. 226-24-1467-A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1922

8. AGE: Years	Months	Days	If less than one day
21	—	25	hr. min.

9. Birthplace Saltville Va (Town, county, and state)
10. Usual Occupation Glen L Martin
11. Industry or business Air Planes

FATHER
12. Name Hobert Smith
13. Birthplace Va

MOTHER
14. Maiden Name Pearl McCready Smith
15. Birthplace Va

16 (a) Informant Mrs Kathryn Smith
(b) Address 5410 Pilot Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory Elizabeth Cem
Location Saltville Va

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Oliver

19 (a) FEB 27 1943 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20- 1943, at 2:10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held this Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation — Duration

Due to Illuminating Gas

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-16-43 abt 6 P. M
(c) Where did injury occur? 5306 Wright Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation of Illuminating gas

23. Signature Howard J. Bowers M.D.
Date signed 2-20-43 Medical Examiner.

G 01372

Wysham

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 01372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 East North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A. years

3 (a) FULL NAME Mrs. Clara Surratt Wysham
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife George F. Wysham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8th 1876
8. AGE: Years 66 Months 3 Days 1311 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William P. Tonry M.D.
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna E. Surratt
15. Birthplace District of Columbia

16 (a) Informant Dr. Reginald J. Tonry
(b) Address 414 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Gilbert W. Quay
(b) Address 414 E. North Ave.

FEB 22 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19th 1943 at 10.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4th 1941 to Feb 19 1943 and that I last saw him alive on Feb 19th 1943.

Immediate cause of death
Carcinoma of Skin — Duration: about 20 months
Due to Dermatolitis Metastasis and Adeno Carcinoma
Due to Carcinoma of Skin due to Metastasis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reginald J. Tonry M.D.
Address 414 E. North Ave Date signed 2-21-43

VS 3

429779

G 01373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 01373 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Floyd McCauley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-41

8. AGE: Years	Months	Days	If less than one day hr.	min.
1	5	11		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Child.
11. Industry or business

FATHER
12. Name Floyd McCauley
13. Birthplace Va.

MOTHER
14. Maiden Name Lena Shaver
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem. Location Glenburnie Md.

18 (a) Funeral director Thomas W. Wright
(b) Address Glen Burnie, Md.

FEB 22 1943 (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943 at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1943 to Feb 21 1943 and that I last saw him alive on Feb 21 1943.

Immediate cause of death Overwhelming infection — Duration

Due to Empyema - left lung

Due to Cause

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2/12/43

Major findings of operation: Empyema left lung

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. C. Sawtell M.D.
Address Johns Hopkins Hosp. Date signed 2/21/43

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 100

G 01374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

✓ G 01374 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 W Lafayette St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Shepard, Mrs Ethel

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Paul A Shepard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1909

8. AGE: Years	Months	Days	If less than one day
33	4	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name Morris C Crew
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Fathom
15. Birthplace Maryland

16 (a) Informant Amanda V Crew
(b) Address 2501 W Lafayette Balt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn md

18 (a) Funeral director G Raiken Slade
(b) Address 4907 York Road, Huntington Williams M.D.

FEB 23 1943 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943, at 9 P M

23. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943 to Feb 18 1943, and that I last saw her alive on Feb 18 1943.

Immediate cause of death	Duration
Uremia	2 mos.
Due to Chronic Nephritis (Glomerulo.)	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations None
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Cullen Jr M. D.
Address Church Home + Infirmary Date signed 2-19-43
Baltimore Md

VS 8

G 01375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01375 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo. 4da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town Dorchester (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 Chipman Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH HAROLD SULLIVAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1910

8. AGE: Years	Months	Days	If less than one day
32	7	23	hr. min.

9. Birthplace Somerville, Massachusetts (Town, county, and state)
10. Usual Occupation AB Seaman
11. Industry or business

FATHER
12. Name John Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Delia Ford
15. Birthplace Ireland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21-43 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hamden

18 (a) Funeral director Q. Bailey Slade
(b) Address 4907 York Road,

FEB 22 1943 Huntington Williams M.D. (Signature of Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1943 at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1942 to Feb. 17, 1943, and that I last saw him alive on Feb. 17, 1943.

Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced — Duration: Unknown

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Bean M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 2/19/43

43205

G 01376

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01376 Registered No.

CERTIFICATE OF DEATH 13a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Royeton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Canapp, Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-2596

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lilla Canapp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1890

8. AGE: Years	Months	Days	If less than one day
52	2	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation ~~Clerk~~ Asst. Supt
11. Industry or business Md. Dairy business

FATHER
12. Name George Canapp.
13. Birthplace Md.

MOTHER
14. Maiden Name Alice M. Hurst
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof Feb 23/43
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Chestnut Ave.

FEB 22 1943

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1943 at 12:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 6 1943 to February 20 1943. and that I last saw h[illegible] alive on February 1943.

Immediate cause of death Uremia — Duration
Due to Chronic Nephritis
Due to Arterio-Vascular Accident
Other Conditions Pneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Hagerman M. D.
Address Mercy Hospital Date signed Feb. 20 1943

Filing Date Registered by Registrar

VS 180

Transcript G 01377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 01377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Hutchinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1898.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	1	23		

9. Birthplace Va (Town, county, and State)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name George Jewell
13. Birthplace Va

MOTHER
14. Maiden Name Mary Finley
15. Birthplace Va

16 (a) Informant Augustus Jewell.
(b) Address 6600 Falls Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Eastern Ave.

FEB 22 1943 Thos. Livingston Williams, M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 2.25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Chronic alcoholism

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 18 1943

Co. Record # 01378
3902 Moreland Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83W

G 01378
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3624 Parkdale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3624 Parkdale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Jane Shauck.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widow

6 (b) Name of husband or wife Jarrett N. Shauck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	5	25		

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Joseph N. Cooper.
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Baker.
15. Birthplace Md.

16 (a) Informant Mrs. George Frock.
(b) Address 3624 Parkdale Ave.

17 (a) Burial. (b) Date thereof Feb 22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Middletown
Location Balto Co. Md.

18 (a) Funeral director Ehrmoyer & Sowers
(b) Address 3615-17 Edmondson Ave.

FEB 23 1943
(Date received by registrar)
Herrington Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 19, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1943, to 2/18 1943, and that I last saw h[illegible] alive on 2/18 1943.

Immediate cause of death: Cerebral hemorrhage. — Duration: 4 days

Due to: Arteriosclerosis — 10-15 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: X
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X at M
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? X
(e) Means of injury

23. Signature: Irving Cassell, M.D.
Address 3902 Moreland Ave Date signed 2/22/43

G 01379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01379 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 Gladstone Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Gladstone Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Howard Richardson Burgess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Isaiah Price Burgess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1849

8. AGE: Years	Months	Days	If less than one day
93	10	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Beale Howard Richardson
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Peters
15. Birthplace Maryland

16 (a) Informant Mr. James A. Burgess
(b) Address 711 Gladstone Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director H. W. Meamber
(b) Address 805 N. Calvert St.

19 (a) (Date rec'd by registrar) (b)

FEB 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943, at 2.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943, to Feb 20 1943, and that I last saw h[illegible] alive on Feb 20 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 4 Days

Due to Age

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Burgess M. D.
Address 622 W 40 St Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01380 Registered No.

1248

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 Bolton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 37 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Bolton Street (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Samuel Henry Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Grace Ditman
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) June 17, 1881

8. AGE: Years	Months	Days	If less than one day
61	8	3	---hr. --- min.

9. Birthplace Charles County, Md. (Town, county, and state)
10. Usual Occupation Agent
11. Industry or business B. & O. Railroad

FATHER
12. Name John Paul Hamilton
13. Birthplace Charles County, Md.

MOTHER
14. Maiden Name Catherine Dyer
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Grace Ditman Hamilton
(b) Address 1212 Bolton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) ------- (b) Huntington Williams M.D.

FEB 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20th 1943, at 10a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16th 1943 to Feb 20th 1943, and that I last saw him alive on Feb 20th 1943

	Duration
Immediate cause of death: Hemorrhage from Stomach	4 days
Due to Carcinoma of Colon	2 years
Due to Arterio Sclerosis	long
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Mears M. D.
Address 805 N. Calvert Date signed Feb 24th 43

G 01381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 01381 Registered No.

PRINCIPAL FACTS OF DEATH, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Priscilla Webb ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1879

8. AGE: Years 63 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace St. Marys County, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ? Shorts

FATHER 13. Birthplace St. Marys County, Md.

MOTHER 14. Maiden Name Rebecca ?

MOTHER 15. Birthplace St. Marys County Md

16 (a) Informant James E. Webb, Son

(b) Address 1005 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 24 43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) FEB 24 1943 (Date received by Registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20, 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1943. to Feb 20 1943.
and that I last saw h alive on Feb 20 1943.

Immediate cause of death: Lobar Pneumonia — Duration: 5 Days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Pettalano M. D.

Address 817 Hamilton Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

G 01382 — 183a — G 01382

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Milford ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Jeanne Bougon

If U. S. Veteran specify WAR

(a) Residence: No. 3218 Milford ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adolf Bougon

6. DATE OF BIRTH (month, day, year) Oct. 29-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or, min.
	85	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lorient France

FATHER

13. NAME Jean Marie Le Glenk

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Adrienne Wilbur

(Address) 3218 Milford ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 2/22/ 1943

19. UNDERTAKER Wm. J. TICKNER & SONS

(Address) Baltimore, Md.

FEB 25 1943 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1943 to Feb 20 1943

I last saw her alive on Feb 20 1943 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 da.
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Joseph L. Valentine M. D.

(Address) 1732 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

G 01383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 01383 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 445 E. Lorraine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 445 E. Lorraine Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD F. MYERS

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife: Mary Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 20, 1869

8. AGE: Years	Months	Days	If less than one day
73	4	0	hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)
10. Usual Occupation retired laborer
11. Industry or business

FATHER
12. Name Levi Myers
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Lydia Fleagle
15. Birthplace Carroll Co., Md.

16 (a) Informant Mr. Robart Myers
(b) Address 445 E. Lorraine Ave.

17 (a) Burial (b) Date thereof 2/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn Maryland

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto, Md.

19 (a) 2/23/43 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20, 1943, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8th. 1943 Feb. 20th. 1943.
and that I last saw him alive on Feb. 18th. 1943.

Immediate cause of death: Coronary Occlusion — Duration Immediate

Due to: ———

Due to:

Other Conditions: Myocarditis — about 18 mos.
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jesse W. Hungerford M.D.
Address 401 E. 25th. St. Date signed 2/20/43.

Duplicate

G 01384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01384 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.,
(c) Hospital or institution:
Edgewood Nursing Home,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Gorsuch Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emily J. Vickers, (Emily J. Hadaway (Davis) Vickers

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Thomas Vickers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 30, 1849

8. AGE: Years: 93 Months: 6 Days: 21 If less than one day hr. min.

9. Birthplace: Kent Co., Md.
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Edward Hadaway
13. Birthplace: Kent Co., Md.

MOTHER
14. Maiden Name: Eliz. Ann Bond
15. Birthplace: Baltimore

16 (a) Informant: Miss Elizabeth Ann Davis
(b) Address: 2520 - 14th St., N.W., Wash., D.C.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Crematory
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21/43 19 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1925 to 2/21/43 19, and that I last saw h[illegible] alive on 2/20/43 19.

Immediate cause of death: Cardiac Vascular Hypertension

Duration: 15 yrs

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H. W. Wheaton M. D.

Address: 4305 Harford Rd. Date signed: 2/24/43

VS 8

G 01385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48a

G 01385 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1153 Cleveland St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Scott St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Mary Commarata

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Harry

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) October 22 1903

8. AGE: Years	Months	Days	If less than one day
39	3	28	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Bernard Schafer
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Florence Whalen
15. Birthplace Baltimore Md

16 (a) Informant Husband + Sister
(b) Address 1153 Cleveland + 520 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)

(c) Cemetery or crematory Western Cem.
Location Edmondson Ave.

18 (a) Funeral director Joseph Fiaccola Inc.
(b) Address [redacted] Greenmount Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1942 to 2/20 1943, and that I last saw her alive on 2-18 1943.

Immediate cause of death	Duration
Carcinoma of Cervix	8 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin H. Sleaf, M.D.
Address Emmanuel Hospital Date signed 3/3/43

VS 150

FEB 22 1943 01336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127B

G 01386 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Church Home, N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amoretta Evelyn Sweeten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widowed

6 (b) Name of husband or wife Monza Sweeten
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1860

8. AGE: Years	Months	Days	If less than one day
82	9	27	hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Lewis Hood
13. Birthplace Howard County, Md.

MOTHER
14. Maiden Name Martha Sanders
15. Birthplace Howard County, Md.

16 (a) Informant Mrs. B. A. Nichols
(b) Address 3226 Ellerslie Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md.

18 (a) Funeral director Lehnard Bros.
(b) Address 2234 E. Baltimore St.

19 (a) [illegible] Huntington Williams, M.D.
(b) Address [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21, 1943, at 9:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1943 to 2-21-1943 and that I last saw h[illegible] alive on 2-20 1943.

Immediate cause of death: Generalized Arteriosclerosis — Duration

Due to:

Due to:

Other Conditions: Gall Bladder Disease

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Huntington Williams, M.D. M. D.
Address Church Home & Inf. Date signed 2-21-43

V 8

G 01387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 01387
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3947 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3947 Greenmount Ave (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME May Olivia Coleburn

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Widow

6 (b) Name of husband or wife Edward F. Coleburn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1857

8. AGE: Years	Months	Days	If less than one day
85	11	8	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Home - wife
11. Industry or business

FATHER	12. Name John O. Clemmons
	13. Birthplace Baltimore, Md
MOTHER	14. Maiden Name Elizabeth Hartley
	15. Birthplace Baltimore, Md

16 (a) Informant Catherine B. Coleburn
(b) Address 3947 Greenmount Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md
18 (a) Funeral director Bernard D. Covington
(b) Address 21 W. 25th St
(Date rec'd by registrar) (b) Huntington-Williams Mort Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1943 to 2-19 1943 and that I last saw h alive on 2-19 1943.

Immediate cause of death Cerebral apoplexy
Due to Senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Ewald Jr. M. D.
Address 56 York Court Date signed 2-20-43

VB 3

G 01388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 01388
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Elmley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Elmley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina Krapp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Aug C. Krapp

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 17 1848

8. AGE: Years 94 | Months 3 4 | Days 3 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Mrs Hannah Reckton
(b) Address 3200 Elmley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem
Location City

18 (a) Funeral director Alfred Raymond Homes
(b) Address 200 E. Lanvale
Huntington Williams M.D.

(b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20/ 1943, at 8 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8- 1938, to 2-20- 1943, and that I last saw her alive on 2-13- 1943

Immediate cause of death
Chronic myocardial degeneration — Duration: one year
Due to Arteriosclerosis — Duration: Unknown
Due to Senility — Duration: Unknown
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton E. Lang M. D.
Address 2117 Belair Rd Date signed 2-24-43

G 01389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51B

G 01389 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 N Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 910 N Edmondson
(If outside city limits, write RFD, Route, Box, Street, and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-5895

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife: Mary E Jefferson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19-1869

8. AGE: Years	Months	Days	If less than one day
73	6	2	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Mill Mason
11. Industry or business Copper Works

FATHER
12. Name John H Jefferson
13. Birthplace Md

MOTHER
14. Maiden Name — Mitchell
15. Birthplace Md

16 (a) Informant George L Jefferson
(b) Address 910 N Edmondson Ave

17 (a) Mount Carmel (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Pleasant St

19 FEB 24 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21/43 19 at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1942 to Feb 21 1943 and that I last saw him alive on Feb 20 1943.

Immediate cause of death	Duration
Cancer of Prostate Gland + Bladder	9 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E Wilson
Address 3 W Saratoga St Date signed 2-21-43

01390 C 01390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 7301

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 N. Broadway St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MAGDALENA PFUND

If U. S. Veteran specify WAR

(a) Residence: No. 714 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward H.

6. DATE OF BIRTH (month, day, year) Mar. 11, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Hahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edw. H. Pfund
(Address) 714 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 2/22/43

19. UNDERTAKER H. Sander & Sons
(Address) North Ave. & Broadway

FEB 22 1943 Washington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 18, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1942 to FEB 18, 1943

I last saw her alive on FEB 18, 1943. Death is said to have occurred on the date stated above, at 1.50 P.m.

The principal cause of death and related causes of importance were as follows:

PERNICIOUS ANEMIA. Interval between onset and death NOV 2-2

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James J. Kavanagh M. D.

(Address) 3326 McElderry St

G 01391

#29683-

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56B

G 01391 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Wildy.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-01

8. AGE: Years	Months	Days	If less than one day
41	11	3	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Samuel Newton
13. Birthplace Va.

MOTHER
14. Maiden Name Cora Matthews
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 24 - 43 (month) (day) (year)
(c) Cemetery or crematory
Location Lillian Va.

18 (a) Funeral director George G. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

FEB 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1943 at 11:25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1943 to Feb. 20 1943 and that I last saw her alive on Feb. 20 1943

Immediate cause of death Peritonitis — Duration

Due to Perforation, sigmoid

Due to Paralytic Ileus

Other Conditions Anemia, secondary. (Include pregnancy within 3 months of death)

Date of operation 2-11-43

Major findings of operation: Mucous stercoral perforation, chronic; adhesive peritonitis

Date of autopsy?

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rufus M. Reed M. D.
Address Johns Hopkins Hospital Date signed 2-27-43

G 01392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W.Cold Spring Lane
(c) Hospital or institution:
W.Cold Spring Lane Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 S.Highland Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George W.Sullens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Lousia C.Milke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug.4,1862

8. AGE: Years	Months	Days	If less than one day
80	6	15	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Edward
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Reese
15. Birthplace Baltimore Md.

16 (a) Informant Edith M.Sullens
(b) Address 1020 S.Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt.Carmel
Location O,Donnell St.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.
(c) Filed by registrar Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb.19,1943 19 at 3p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan.18 1943 to Feb 19 1943.
and that I last saw alive on Feb 19 1943.

Immediate cause of death: Cardio-Renal disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H.H. Puttermann M. D.
Address 2324 Reisterstown Rd Date signed 2/24/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The items are especially important. Physicians: please write the causes of death clearly and legibly.

G 01393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178 A

G 01393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 S. Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. Clinton St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET A. BLOOM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1873

8. AGE: Years	Months	Days	If less than one day
69	6	-	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name not known
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Mrs. Marie Betz.
(b) Address Stemmers Run Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Schwartzs.
Location O'Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) 1639 N. Broadway.

19 (a) FEB [illegible] 43 (b)
(Date rec'd by registrar) Martin Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1943, at 8 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carbon monoxide asphyxiation — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 18, 1943 at M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? farm (Specify type of place) While at work?
(e) Means of injury Gas — kitchen stove

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 2-19-43

G 01394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

G 01394 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3305 Southern Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Southern Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin F. Wroten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Amelia

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 20, 1878

8. AGE: Years	Months	Days	If less than one day
68	8	1	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Fruit Merchant

11. Industry or business

FATHER
12. Name Benjamin F. Wroten
13. Birthplace Md

MOTHER
14. Maiden Name Regenia Fells
15. Birthplace Md.

16 (a) Informant Mary Francis William
(b) Address 3311 Southern Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 5704 Harford Rd. (Signature or firm)

Registrar

FEB 21 1943

FEB 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to Feb. 21 1943, and that I last saw him alive on Feb. 20 1943.

Immediate cause of death Bronchogenic carcinoma of lung (rt.)

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Dawson, M.D.
Address 4808 Harford Rd. Date signed Feb 21 43

G 01395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 01395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4401 Glenarm Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) NA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Glenarm ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Lilliam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-16-1864

8. AGE: Years	Months	Days	If less than one day
79	-	3	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

PARENTS

12. Name Jacob C. Davis

13. Birthplace Md

MOTHER

14. Maiden Name Martha Bankey

15. Birthplace Md

16 (a) Informant Ralph G. Davis

(b) Address 4401 Glenarm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)

(c) Cemetery or crematory Loudenwood

Location

18 (a) Funeral director Leonard Hayes

(b) Address 5305 Harford Rd.

19 FEB 22 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19- 1943, at 5-15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard J. Mendelsohn M.D. Medical Examiner.

Date signed 2-20-43

VS 6

42940

G 01396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 01396

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Myrtle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Muriel Bowie

3 (b) If veteran—name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-29-27

8. AGE: Years	Months	Days	If less than one day
15	2	20	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Bowie
13. Birthplace Md

MOTHER
14. Maiden Name Ruth Hawkins
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 2-23-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

(a) Filed by registrar (b) Huntington Wis.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943 at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to Feb 19 1943 and that I last saw h[illegible] alive on Feb 19 1943

Immediate cause of death Hydrothenia grave — Duration 10 yr

Due to

Due to

Other Conditions Diabetes mellitus — 4 yr

(Include pregnancy within 3 months of death)

Date of operation Thymectomy 2/15/43

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian, M. D.
Address The Johns Hopkins Hosp. Date signed 2/19/43

MARVEL

G 01397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

G 01397 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1567 Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1187 Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren Roscoe Marvel Sr.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None.

4. Sex: M
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed~~ or ~~divorced~~: Married
6 (b) Name of husband or wife: Bertha L. Marvel
6 (c) If alive, give age: 31 years
7. Birth date of deceased (mo., day, yr.): Nov 14 - 1905
8. AGE: Years 37 | Months 3 | Days 7 | If less than one day: hr. min.
9. Birthplace: Balto Md.
(Town, county and state)
10. Usual Occupation: Truckdriver
11. Industry or business: Hauling

FATHER
12. Name: Warren L. Marvel Sr.
13. Birthplace: Chicago Ills

MOTHER
14. Maiden Name: Ellen Engle
15. Birthplace: Bowling Green Va.

16 (a) Informant: Mrs Bertha L. Marvel
(b) Address: 1187 E. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24th 1943 (month) (day) (year)
(c) Cemetery or crematory Oakdown Baltimore Md.

FEB 22 1943

18 (a) Funeral director Eastern Ave
(b) 2224 E. Baltimore St.

FEB 23 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21st 1943 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Feb. 20 1943, and that I last saw h[illegible] alive on Feb. 21 1943.

Immediate cause of death (Mitral Regurgitation, Cardiac Insufficiency.) — Duration over 9 years.
Due to Mitral regurgitation followed several pneumonias
Due to attacks of Rheumatic arthritis onset 17 years ago.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Glenn C. Eastham M. D.
Address 3134 E. Baltimore Date signed 2-22-43

VS 3

G 01398

AP 77864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

153

G 01398 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2--- 11 17
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Brune St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Meyers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19-1896

8. AGE: Years	Months	Days	If less than one day
46	4	30	2 hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laundry Work
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth Hawkins
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Chas. H. Corfey
(b) Address 514 N. Calhoun St.

FEB 22 1943 Huntington Williams M.D.
(Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18 1943. at 1 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1942 to 2-18 1943. and that I last saw h her alive on 2-18 1943.

Immediate cause of death ? Broncho Pneumonia — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-20-43

Morgue G 01399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01399 Registered No. 127a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. 3

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Gramby St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel Bock [BACH]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Russia

MOTHER 14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant: Sarah Pearl Gardick (Daughter)
(b) Address 751 Aquacrest, University City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (month) (day) (year)
(c) Cemetery or crematory New Mt. Carmel
Location Hermen Hill Road

18 (a) Funeral director Jack Levin Inc.
(b) Address 1409 E. Baltimore St.

FEB 22 1943 (b) Huntington Williamsport MD
(Date received by registrar)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 11.50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & no autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Chronic Cholecystitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Was autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gentzler M.D.
Medical Examiner.
Date signed Feb 18 1943.

441 S. Ellwood Ave.

G 01400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01400 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3034 Clifton Park Ter.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Clifton Park Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael J. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Alice(nee Atkins)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1855

8. AGE: Years	Months	Days	If less than one day
87	11	-	hr. min.

9. Birthplace Sykesville, Md.
(Town, county, and state)
10. Usual Occupation Balto. Transit Co.
11. Industry or business

FATHER
12. Name James Martin
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Farley
15. Birthplace Ireland

16 (a) Informant Mary Grill
(b) Address 3034 Clifton Park Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

FEB 22 1943 (b)
Rec'd by registrar

Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943 at 10 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 19__ to Feb. 21 1943 and that I last saw him alive on Feb. 17 1943.

Immediate cause of death
Cardio-Vascular-Renal disease -
Due to Hypertension
Due to Pulmonary edema
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Joseph Tenbey M. D.
Address 441 S. Ellwood Ave Date signed 2/22/43

G 01401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01401 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 Ashland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Ashland Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley J. Businsky

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-4767

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of husband or wife Anne (nee Misek)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1879

8. AGE: Years	Months	Days	If less than one day
63	5	28	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Frank J. Businsky
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Friedl
15. Birthplace Czechoslovakia

16 (a) Informant Edward Businsky (Son)
(b) Address 2704 Ashland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) [redacted] (b) Livingston Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Feb 19 1943 and that I last saw h[illegible] alive on Feb 19 1943.

Immediate cause of death Pneumonia - Chr. Nephritis
Cardio Vas sclerosis - Senile - Chronic
Due to acute S clerosis

Duration
Feb 19/43
Days
5 Yrs.

Due to –

Other Conditions –

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: –

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide –
(b) Date of occurrence at M
(c) Where did injury occur? – (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? – While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis F. Krumeich
Address 722 N. Glenwood Ave Date signed 2/24/43

G 01402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01402 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Belfast Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE JOHN STEIN Jr.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1943

8. AGE: Years — | Months 1 | Days 7 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name George John Stein.
13. Birthplace Maryland

MOTHER
14. Maiden Name Charlotte D. Olive
15. Birthplace Maryland.

16 (a) Informant George John Stein Sr.
(b) Address 11 - Belfast Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-43 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cemetery
Location Texas, Md.

18 (a) Funeral director George V. Puttlitz
(b) Address 1114 - Harford Ave.

19 (a) 2-2 1943 (b) Huntington Ave. Baltimore, Md.

FEB 23 1943

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 2 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1943 to Feb. 21 1943 and that I last saw him alive on Feb. 21 1943.

Immediate cause of death Anoxemia + Pneumonia.
Due to Malnutrition
Due to Colds
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Miller Md
Address Union Memorial Hospital Date signed 2-21-43
M. D.

G 01403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01403 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Reverend Father Matthew Morrissey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1867

8. AGE: Years	Months	Days	If less than one day hr.	min.
75	4	24		

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Catholic Priest

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Rev. Lanahan
(b) Address 1130 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Faherty Sons
(b) Address 1627 Pennsylvania Ave. Huntington Williams, M.D.

19 (a) FEB 22 1943 (Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19th 1943 at 10 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18 1943 to Feb. 19 1943, and that I last saw him alive on Feb. 19 1943

Immediate cause of death: Arteriosclerotic Cardio-vascular Disease — Duration: 2

Due to

Due to

Other Conditions: Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuster M.D.
Address St. Joseph's Hosp. Date signed 2-19-43

VS 1

G 01404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01404 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 238 S. Ann St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTHONY WILSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7 1942

8. AGE: Years	Months	Days	If less than one day
	3 4	1 9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Andrew Wilson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Gonia
15. Birthplace Bethlehem Pa.

16 (a) Informant Mr. Andrew Wilson
(b) Address 238 S. Ann Street

17 (a) Burial (b) Date thereof Feb 23 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore City

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester street

19 (d) [illegible] Huntington Williams

FEB 22 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar	
Due to	
Due to	
Other Conditions ~~None~~	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ~~None~~
of autopsy: ~~None~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
~~Coroner~~ Medical Examiner.
Date signed 2-24-43

G 01405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

Registered No. G 01405

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Deron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles H. Dixon

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 23, 1900

8. AGE: Years 42 | Months 7 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Henry W. Schlaich
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Reitwiesle
15. Birthplace Germany

16 (a) Informant Charles H. Dixon
(b) Address 413 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24/1943 (month) (day) (year)
(c) Cemetery or crematory Westerns
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

FEB 22 1943 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1943, at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1943 to 2/21 1943, and that I last saw her alive on 2/21 1943.

Immediate cause of death: Hemorrhage into brain tumor.
Due to: Brain tumor, glioma
Due to: midbrain
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Date of operation: None 2/2/43
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. K. Thompson M. D.
Address University Hosp. Date signed 2/24

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH PENCIL, WITH UNFADING INK.

G 01406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01406 / 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and if unknown, supplied if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 N. Madeira St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 N. Madeira St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Addison E. Ingram

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Ingram
13. Birthplace Virginia

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Henry G. Turner
(b) Address 915 N. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-43 (month) (day) (year)
(c) Cemetery or crematory Mount Park
Location Druid Ave

18 (a) Funeral director Frank Crockett Son
(b) Address 900 N. Chester St

19 (a) Registrar Huntington Williams M.D.

FEB 22 1943

FEB 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943, at 1:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1943 to Feb 20 1943 and that I last saw h[illegible] alive on Feb 19 1943.

Immediate cause of death: Broncho Pneumonia — Duration: 10 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 2/21/43 M. D.

Morgue G 01407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

G 01407
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. V
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Brierel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harris Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
31	30		hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Mable Cruston
(b) Address 1405 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/ 22/ 43
(day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilcox
(b) 1120 Brandt Bldg.

19 (a) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943, at 2 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~in quest~~ & ~~in quest~~ thereon and from the evidence (Autopsy or Inquiry)
obtained by said ~~in quest~~ & ~~in quest~~ find that said deceased came (Autopsy or Inquiry)
to ~~his~~ death on the day stated above.

	Duration
Immediate cause of death Crushed head and thorax	
Due to accident	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 15 1943 at M
(c) Where did injury occur? Fulton Ave near Riggs St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? R.R. tracks While at work?
(Specify type of place)
(e) Means of injury Struck by train

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb 16 1943

VS 6

G 01408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 01408 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 742 Pierce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA JANE HAMMOND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Col	Widow

6 (b) Name of husband or wife George Hammond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1889

8. AGE: Years	Months	Days	If less than one day
53	8	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Samuel J. Walker
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Jennings
15. Birthplace

16 (a) Informant Mary Walker
(b) Address 425 N. Poppleton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/13 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Granby Ave

19 1/22 1913 Huntington Williams, M.D.
(Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1913, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to arteriosclerosis	
Due to	
Other Conditions No	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation: No	
of autopsy: No	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Williams M.D.
Medical Examiner.
Date signed 2-15-13

VS 6

G 01409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

G 01409 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Little Pine St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Little Pine St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George R. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	M

6 (b) Name of husband or wife Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 01 1881

8. AGE: Years	Months	Days	If less than one day
61	7	10	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Eliza Thornton

15. Birthplace Md

16 (a) Informant Martha Brown

(b) Address 914 Little Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)

(c) Cemetery or crematory St Peters

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Bentley Ave

FEB 22 1943 (b) (Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20, 1943 at 4:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5th 1943 to Feb 20th 1943 and that I last saw him alive on Feb. 18th 1943.

Immediate cause of death — Duration

Syringo-myelia — 10 yrs

Due to Terminal Pneumonia — 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Alex A Weinstock M. D.

Address 713 Augusta ST Date signed 2/20/43

G 01410

AB-79504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V. 154 B

Registered No. G 01410

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Vail St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hutchins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13-1931

8. AGE: Years	Months	Days	If less than one day
11	9	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER
12. Name John Hutchins
13. Birthplace Md.

MOTHER
14. Maiden Name Tillie Belling
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John J. Connelly
(b) Address Edgar md.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 1943, at 7 49 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1943, to 2-19 1943, and that I last saw him alive on 2-19 1943.

Immediate cause of death Acute bacterial endocarditis & multiple lung abscesses — Duration 5 days
Due to Acute osteomyelitis left tibia — 3 wks
Due to Thrombophlebitis left leg — 2 wks
Other Conditions Staph. aureus septicemia
(Include pregnancy within 3 months of death)

Date of operation 1-29 and 2-9-43

Major findings of operation: Osteomyelitis ext. tibia (caused)

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Haas M. D.
Address Balto City Hosp. Date signed 2/19/43

VS 186

G 01411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 01411 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3543 Old York Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cyril Gittings 79733

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1896

8. AGE: Years	Months	Days	If less than one day
46	7	4	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation salesman
11. Industry or business

FATHER
12. Name Allen
13. Birthplace Ohio

MOTHER
14. Maiden Name Elizabeth McKay
15. Birthplace England

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location

18 (a) Funeral director Mary M Neufeld
(b) Address 607 E 22nd St

FEB 22 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943 at 12:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1943 to Feb. 20 1943 and that I last saw h im alive on Feb. 20 1943

Immediate cause of death — Duration

Pulmonary tuberculosis — 11 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.S. Hart M.D.
Address Balto City Hosp Date signed 2/20/43

G 01412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 540

G 01412 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4200 Ivanhoe Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4200 Ivanhoe Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Ann Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-20 1936

8. AGE: Years	Months	Days	If less than one day
7	"0	2"0	hr. min.

9. Birthplace Conn -
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Kenneth J Doyle
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Estelle Piekowski
15. Birthplace New York City

16 (a) Informant Mrs Katherine Doyle
(b) Address 516 E 21st St.

17 (a) Burial (b) Date thereof 2-23-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Maynard Medefeld
(b) Address 501 E. Balt St

19 (a) 2-22-1943 (b) Registered Washington Williams M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943, at 10 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1942 to Feb 19 1943.
and that I last saw her alive on Feb 19 1943.

Immediate cause of death Tumor of Cerebellum (glioma) — Duration over 8 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Sept 26, 1942

Major findings of operation: Inoperable Tumor

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawson Hilkins M. D.
Address 1014 St Paul St Date signed Feb 22/43

G 01413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01413 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3804 W. Strattmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 W. Strattmore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Herbst

3 (b) If veteran, name war	3 (c) Social Security Account No. 215-05-2418

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Annie L. Herbst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 878

8. AGE: Years	Months	Days	If less than one day
64	7	28	hr. min.

9. Birthplace Glen Rock, Penna.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Auto.

FATHER
12. Name Wm. Herbst.
13. Birthplace Glen Rock.

MOTHER
14. Maiden Name Mataldia Grove.
15. Birthplace Glen Rock, Penna.

16 (a) Informant Mrs. Annie L. Herbst.
(b) Address 3804 W. Strattmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Catonsville, Md.

18 (a) Funeral director Loring Bogue
(b) Herbert W. Hughes
Huntington Williams, M.D.
FEB 22 1943 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20, 1943, at 7 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/18 1942 to 2/20 1943, and that I last saw h[illegible] alive on 2/19 1943.

Immediate cause of death – Cardio Vascular Renal Disease

Due to

Due to

Other Conditions – Chronic Myocard Valvular Cardiosclerosis
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert W. Hughes M.D.
Address 917 N. Charles Date signed 2/22/43 M. D.

VS 8

G 01414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 01414 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3303 Glen Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Glen Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Pullen

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-1273

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Grace Ann Estelle Pullen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5 1870

8. AGE: Years	Months	Days	If less than one day
72	5	15	hr. min.

9. Birthplace Cranberry Sta. N. J.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business Banking

FATHER
12. Name Clarke Pullen
13. Birthplace Unknown

MOTHER
14. Maiden Name Martha Unknown
15. Birthplace Unknown

16 (a) Informant Grace Ann Estelle Pullen.
(b) Address 3303 Glen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-43 (month) (day) (year)
(c) Cemetery or crematory Mount Brandon
Location Westminster, Maryland

18 (a) Funeral director Loving Bros.
(b) Address 505 Park Ave.

FEB 22 1943 (Date rec'd by registrar) Huntington, W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1943 at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1936 to Feb 19 1943 and that I last saw h alive on Feb 19, 1943

Immediate cause of death
Hypertension and Enlarged Heart — Duration: Several Years

Due to

Due to

Other Conditions Chronic Brights

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Costello M. D.

Address 335 E. 31st St Date signed 2/22/43

G 01415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01415 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Paul & 31st Sts
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Hopkins Apts. (If rural give location)
(e) If foreign born, how long in U. S. A. (No.) years.

3 (a) FULL NAME Dr. Lloyd Logan Carr

3 (b) If veteran, name war

3 (c) Social Security Account No. - no -

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Linda B. Carr

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) April 26 1866

8. AGE: Years 88 | Months 9 | Days 26 25 | If less than one day: hr. min.

9. Birthplace Fairmont - W. Va. (Town, county and state)

10. Usual Occupation retired Physician

11. Industry or business none

FATHER
12. Name Hugh T. Carr
13. Birthplace Virginia

MOTHER
14. Maiden Name Lydia E. Pitcher
15. Birthplace U. S.

16 (a) Informant Mrs Linda B. Carr (wife)
(b) Address 1 Hopkins Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24/43 (month) (day) (year)

(c) Cemetery or crematory
Location Fairmont - W. Va.

18 (a) Funeral director Sherwood Morgan Co.
(b) Address 1050 Monument.

19 FEB 22 1943 (b) (Date filed by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby - 21 - 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1, 1942, to Feb. 21 1943, and that I last saw him alive on Feb 20, 1943.

Immediate cause of death
Coronary arteriosclerosis

Duration

Due to Myocarditis — 2 yrs.

Due to

Other Conditions Hypertension cardio-vascular disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund L. Keamy M. D.

Address 1201 N. Calvert St. Date signed 2/24/43

4243467416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01416
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 2608 Longwood
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phyllis S. Foreman
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-26-41

8. AGE: Years 1 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Foreman
13. Birthplace Lithuania

MOTHER
14. Maiden Name Annett Lieberman
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23/43 (month) (day) (year)
(c) Cemetery or crematory Holmes Hill Cemetery
Location German Hall Road

18 (a) Funeral director Sol Freeman & Bro
(b) Address 1124-26 W Northern

19 (a) FEB (Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1943 at 6 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942 to Feb 22 1943 and that I last saw h[illegible] alive on Feb 22 1943.

Immediate cause of death: Resp. failure — Duration
Due to Tay-Sachs Disease (amaurotic familial idiocy)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert D. Solomon M. D.
Address Johns Hopkins Hosp Date signed 2/23/43

FEB 28 1943

VS 150

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 N Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IDA DAVIS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Corp Isidore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1920

8. AGE: Years 22 | Months 9 | Days — | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Israel Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name Helen Udelowitz
15. Birthplace Russia

16 (a) Informant Israel Kaplan
(b) Address 1704 N Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date) (b) Huntington Woods, MD

FEB 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 1943 to 2/21 1943. and that I last saw h alive on 2/21 1943.

Immediate cause of death: Pulmonary edema
L. U. L. Pneumonia — Duration

Due to

Due to

Other Conditions R Ventricular Hrt. Disease
PREGNANCY - 8 MOS
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saul J. Farber M. D.
Address Sinai Hospital Date signed 2/24

G 01418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01418 Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Sts.
(c) Hospital or institution: Union Memorial Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. 212
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Cedarcroft Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Estelle Bird

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F.	W.	

6 (b) Name of husband or wife deceased.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1867

8. AGE: Years	Months	Days	If less than one day
75	3	9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House wife.
11. Industry or business

FATHER
12. Name Mr. William Matthews.
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia Loib
15. Birthplace Md.

16 (a) Informant Hosp. records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 23/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1960 Eutaw Place Huntington Williams, M.D.

FEB 22 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943, at 7:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1943, to Feb. 21 1943, and that I last saw h[illegible] alive on Feb. 21 1943.

Immediate cause of death	Duration
Cardio Resp. Failure	4 hrs.
Due to Coronary Occlusion (Myocardial Infarction)	7 days.
Due to Arteriosclerotic Heart Disease	?
Other Conditions Gangrene Left leg.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Ridgely Jr. M.D.
Address Union Memorial Hospital Baltimore, Md. Date signed 2/21/43

VS 150

G 01419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 01419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Eutaw Places
(c) Hospital or institution:
Nursing Home. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 Westwood.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Catherine Hohman

3 (b) If veteran, name war	3 (c) Social Security Account No.
V	V

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife John J. Hohman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1890

8. AGE: Years	Months	Days	If less than one day
52	6	17	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business

FATHER
12. Name Frank Stallo
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth
15. Birthplace

16 (a) Informant John J. Hohman
(b) Address 3202 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 (day) /43 (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Balto Co Md

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1960 Eutaw Place

19 Feb 24 1943 (b) Huntington Williams M.D.
(Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1941 to Feb 21 1943, and that I last saw he alive on Feb. 21 1943.

Immediate cause of death: Hypertensive Vascular Disease
Chronic Nephritis.
Duration: unknown

Due to

Due to

Other Conditions: Anemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Thompson Daugherty
Address 305 W. North Ave. Date signed 2/22/43
M. D.

G 01420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01420 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4309 Walther Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4309 Walther Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Neubert

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie Neuman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19th 1890

8. AGE: Years	Months	Days	If less than one day
52	5	0	hr. min.

9. Birthplace Balto. Md.
(Town or county, and state)
10. Usual Occupation Oyster & Seafood Business
11. Industry or business

FATHER
12. Name Chas. Neubert Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Welsh
15. Birthplace Md.

16 (a) Informant Mrs. Chas. Neubert
(b) Address 4309 Walther Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director C. D. Feaster & Son
(b) Address 938 E. Lafayette Ave
FEB 22 1943
(Date rec'd by registrar) Huntington Williams M.D. Registrar

19 (a)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19th 1943 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6th 1943 to Feb 16 1943 and that I last saw him alive on Feb 16th 1943.

Immediate cause of death Coronary Thrombosis — Duration 1½ hr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis L. Bayh
Address 6077 Harford Rd. Date signed 2/19/43

G 01421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 01421 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 W. 25th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 W. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella E. Smithson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wm. Smithson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1856

8. AGE: Years	Months	Days	If less than one day
86	3 4	23	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Wm. B. Pengoy
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth McFarlane
15. Birthplace Va.

16 (a) Informant Mrs. A. B. Stout
(b) Address 26 W. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

FEB 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1942 to Feb. 20 1943 and that I last saw her alive on Feb. 20 1943.

Immediate cause of death	Duration one week
Cardiac Hypertrophy	
Due to Arteriosclerosis	2 yrs.
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George McCrea M.D.

Address 28 W 20th St. Date signed 2-22-43

G 01422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01422 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address, Loudon Park
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) Full name Minerva A. Witter
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife David J. Willet
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) 1884
8. AGE: Years about 57 | Months — | Days — | If less than one day hr. min.
9. Birthplace Manchester, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Lewis Loats
13. Birthplace Ohio

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Orbin Willet
(b) Address Hyattsville, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory Kuydey
Location Laurel Md.
18 (a) Funeral director Edw. Clifton
(b) Address Hampstead Md.
19 (a) FEB 29 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943, at M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1943, to Feb. 22 1943, and that I last saw h alive on Feb. 22 1943.

Immediate cause of death	Duration
Coma and acidosis	
Due to diabetes	
Due to	
Other Conditions Staphylococcus throat	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: c)
of autopsy: d)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edgar M. Beale, M.D.
Address Hampstead Md. Date signed 2/27/43

01423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No. G 01423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 Windemere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Windemere (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret M. Gross.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George L. Gross

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 13-1865

8. AGE: Years	Months	Days	If less than one day
77	5	8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name	Michael Mc Neal
FATHER — 13. Birthplace	Ireland
MOTHER — 14. Maiden Name	Mary Daley
MOTHER — 15. Birthplace	Ireland

16 (a) Informant Wm H. Gross
(b) Address 1518 Windemere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Flynn & Flannery
(b) Address 1122 Light St.

19 FEB 23 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943. at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1937. to Feb 21 1943. and that I last saw her alive on Feb 20 1943.

Immediate cause of death: Hypostatic Pneumonia — Duration 2 days

Due to Mitral Regurgitation — 6 yrs

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm H Gross

Address 1800 N Charles St Date signed 2/22/43 M. D.

G 01424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 01424 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied, as the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 Huntsman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Huntsman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matthew J. O'Neill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife Anna May Ukkel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3-1882

8. AGE: Years	Months	Days	If less than one day
61	1	16	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Balto. City

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Family
(b) Address 3309 Huntsman St

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 2-23-43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Old Frederick Road

18 (a) Funeral director James McCurdy
(b) Address 130 E. Fort Ave.

19 (a) Registrar (b) Huntington Williams M.D.

FEB 23 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19 1943 at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1942 to Feb 19 1943 and that I last saw him alive on January 25 1943.

Immediate cause of death Chronic hypertrophic cirrhosis — Duration 2 mos

Due to Metastatic malignancy of the liver — 3 mos

Due to Carcinoma of the Rectum — 6 mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Edel M.D.
Address 3403 Garrison Blvd Date signed 2/21/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01425

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 N. Ellwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Ellwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN J KING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Lottie E. King
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 19, 1872

8. AGE: Years	Months	Days	If less than one day
70	9	0	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired iron worker
11. Industry or business Construction

FATHER
12. Name Valentine King
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane McDunner
15. Birthplace Ireland

16 (a) Informant Mrs. Lottie E. King
(b) Address 519 N. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn cemetery
Location

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

FEB 22 1943 Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to Feb 19 1943. and that I last saw h M alive on Feb 19 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	14 Days
Due to arteriosclerosis	10 Yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James F. Cavanaugh M.D.
Address 519 N Ellwood Ave Date signed 2-22-43

G 01426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 01426

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Barrington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Gloucester Pike
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS GALLOVICH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Blanche E. Simpson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1889

8. AGE: Years	Months	Days	If less than one day
54	0	23	hr. min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation Captain
11. Industry or business

FATHER
12. Name Antony Gallovich
13. Birthplace Austria

MOTHER
14. Maiden Name Marie
15. Birthplace Austria

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/22/43 (month) (day) (year)
(c) Cemetery or crematory
Location Camden, N. J.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) FEB 23 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1943 at 4:10p M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9, 1943 to Feb. 21, 1943 and that I last saw him alive on Feb. 21, 1943

Immediate cause of death: Acute myocardial infarction — Duration 4 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Caulfield M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 2/21/43

94229

G 01427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01427

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 N. Kenwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm C. D. Knight

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fannie M. Knight

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8 - 1868

8. AGE: Years 74 | Months 2 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation retired, Capt. Balto.

11. Industry or business City Fire Dept.

FATHER
12. Name Joseph Knight
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Carter
15. Birthplace Baltimore

16 (a) Informant Mrs. Fannie M. Knight
(b) Address 120 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 23 43 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.
Location Baltimore

18 (a) Funeral director Philip Fleury Sons
(b) Address 2024 Orleans St.

19 (a) (Registrar) (b) FEB 23 1943 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943 at 6.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940 to Feb 20 1943 and that I last saw him alive on Feb 20 1943.

Immediate cause of death	Duration
ACUTE CARDIAC DILATATION	1 DAY.
Due to DIABETES MELLITUS	10 YRS
ARTERIOSCLEROSIS	10 YRS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James T. Kavanagh M.D.
M. D.
Address 336 W. Eager St. Date signed 2-24-43

01428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 01428

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 E CROSS ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMIL M. WOLF

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED.

6 (b) Name of husband or wife MARIE WOLF
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) JUNE 10 1882.

8. AGE: Years	Months	Days	If less than one day
60	8	12	hr. min.

9. Birthplace BALTIMORE. MD.
(Town, county, and state)
10. Usual Occupation BRAKEMAN.
11. Industry or business B & O RR.

FATHER
12. Name EMIL WOLF
13. Birthplace GERMANY.

MOTHER
14. Maiden Name NOT KNOWN.
15. Birthplace " "

16 (a) Informant MARIE WOLF
(b) Address 12 E CROSS ST.

17 (a) BURIAL (b) Date thereof 2-25-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A.A.Co.

18 (a) Funeral director Bernard C. Hasler
(b) Address 121 E. Pratt St. Huntingdon Hollow, Md.

19 (a) (b) Registrar

FEB 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1943 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1943 to 2-22 1943, and that I last saw h~~im~~ alive on 2-22 1943.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fusting
Address St. Joseph's Hosp. Date signed 2-22-43 M.

01429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01429 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wardour, Annapolis Md.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Joseph William Valiant.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, (Married), Widowed, or divorced.

6 (b) Name of husband or wife (FIORENCE PAY) Mrs. J.W. Valiant.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1874

8. AGE: Years 68 | Months 3 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business Interior Decorator

FATHER
12. Name Joseph Gordon Valiant.
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Oliver
15. Birthplace Md.

16 (a) Informant Hosp. records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Maryland.

18 (a) Funeral director Henry W. Lukens Sons
(b) Address McCulloh & Orchard Sts.

19 (a) FEB 23 1943 (Date received by Registrar) Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943 at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1943 to Feb. 21 1943 and that I last saw him alive on Feb. 21 1943.

Immediate cause of death	Duration 6 hrs.
Cardio-Resp. Failure	
Due to Arteriosclerotic Heart Disease	? yrs.
Due to	
Other Conditions Pneumonia, Lobar.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Mellot, Jr. M. D.
Address Union Memorial Hosp. Date signed 2-22-43

VS 150

G 01430 #46779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 01430 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara H. Wight

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-74

8. AGE: Years 68 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Benjamin Draff
13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Dennead
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry W. Jenkins & Sons
(b) Address 20 E. Eutaw St. Baltimore Md

19 (a) FEB 23 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1942 to Feb 21 1943 and that I last saw her alive on Feb 21 1943.

Immediate cause of death Cachexia — Duration

Due to Metastasis of Carcinoma of Right Breast

Due to

Other Conditions Hypertensive heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Enrique J. Bravo Fernandez M.D.
Address Johns Hopkins Hosp Date signed 2-24-43

VS 186

G 01431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 a

Registered No. G 01431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 S. Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 S Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Jean Kozak

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8 1943

8. AGE: Years	Months	Days	If less than one day
0	1 0	14	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name George Kozak
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Stella Wisniewski
15. Birthplace Baltimore

16 (a) Informant George Kozak
(b) Address 315 S. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 43 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastend Ave

19 (a) FEB 23 1943 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1943 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943 to Feb 22 1943 and that I last saw her alive on Feb 20 1943.

Immediate cause of death Acute pulmonary atelectasis

Duration 2-8-43

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edith Simonek M. D.

Address 8424 Eastern Date signed 2-23-43

G 01432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 935

G 01432 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully inquired. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3545 Chestnut Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3545 Chestnut Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lora Burke.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed.

6 (b) Name of husband or wife Leonard Burke.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12 1850

8. AGE: Years	Months	Days	If less than one day
92	6	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Berry Shipley.
13. Birthplace ?

MOTHER
14. Maiden Name Johanna Simms
15. Birthplace ?

16 (a) Informant Estella V. Burke.
(b) Address 3545 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Roland Ave.

18 (a) Funeral director Edmund W. Damman
(b) Address 3615-17 Chestnut Ave.

19 (a) FEB 23 1943 (b) (Registrar) Registered

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943, at 8:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1943, to 2-19 1943, and that I last saw h[illegible] alive on 2-19 1943.

Immediate cause of death Arteriosclerosis CVD. & decompensation — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Stewart M. D.
Address 3711 Falls Rd Date signed 2-22-43

Huntington Mill

G 01433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G 01433
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully inquired. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Ritter

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-12-6100

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Bessie E. Bowers
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1882

8. AGE: Years	Months	Days	If less than one day
60	1	21	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Self.

FATHER
12. Name Edward Ritter
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Mrs Bessie E. Ritter
(b) Address 4002 Belvidere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olive Cem.
Location Rosedale, Md.

18 (a) Funeral director Johns J. Leonard & Son
(b) Address 901 Hollins St.

19 (a) (State not 4 hr registration district number) (b) Huntington Williams Registrar

Issued FEB 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1943 to Feb. 21 1943 and that I last saw him alive on Feb. 21 1943.

Immediate cause of death	Duration
Acute cardiac failure & pulmonary edema	1 week
Due to Hypertensive C-V disease	2-3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M. D.
Address University Hosp Date signed 2/21/43

G 01434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

G 01434 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Quantrill Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FELTON THOMAS ADKISON

3 (b) If veteran, name war

3 (c) Social Security Account No. 418-01-7514

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Katherine Adkison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 1917

8. AGE: Years 26 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Alabama
(Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Tourney E. Adkison
13. Birthplace Georgia

MOTHER
14. Maiden Name Mary Sanders
15. Birthplace Alabama

16 (a) Informant Wife Katherine Adkison
(b) 1012 Quantrill Alley Conrad Gardena

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/23/43 (month) (day) (year)

(c) Cemetery or crematory Gadsten
Location Alabama

18 (a) Funeral director William Cook Inc
(b) Address 27 St. Paul St

19 (a) FEB 22 1943 (Date received by local registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1943, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

	Duration
Immediate cause of death: Crushing of neck with decapitation	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-22-43 at 7 AM
(c) Where did injury occur? Edgemere Highway & Biddle St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury Crushed in wheels of crane

23. Signature H. L. Wallenmaker M.D. Coroner or Medical Examiner.

Date signed 2-22-43

VS 6

G-01435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G-01435

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1938 E. Lombard St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits write RURAL and give town)

(d) Street No. 1938 E Lombard St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothea Zoebelein

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 11 1873

8. AGE: Years	Months	Days	If less than one day
69	3	12	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name Paul Zoebelein

13. Birthplace Germany

MOTHER — 14. Maiden name Margaret Shesterlieb

15. Birthplace Germany

16 (a) Informant John F. Zoebelein

(b) Address 1938 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director M. A. K. Dippel & Sons

(b) Address Lombard & Ann Sts.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1943, at 7:A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1943 to Feb 23 1943 and that I last saw him alive on 2-22 1943.

Immediate cause of death	Duration
Arteriosclerosis	1 yrs
Due to Pneumonia Bronchitis	7 Days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward J. Cook

Address 2530 E Baltimore Date signed 2/25/43

VS 150

G 01436 ✓ G 01436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

AB- 29040

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 2 4
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28-1874

8. AGE: Years	Months	Days	If less than one day
68	4	23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation News Dealer
11. Industry or business Self.

FATHER
12. Name Thomas Sanders
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Amos
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Harford Co. Md

18 (a) Funeral director Wilkinson Cook Inc
(b) Address 1827 St. Paul St

19 (a) (Date rec'd by registrar) FEB 23 1943 (b) Registrar Huntington Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20 1943, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939, to 2-20 1943, and that I last saw ~~him~~ alive on 2-20 1943.

Immediate cause of death ? Coronary occlusion — Duration ?
Due to Arteriosclerotic H. disease — ?
Due to
Other Conditions Cerebral arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. R. Rathbun M. D.
Address Balto. City Hosp. Date signed 2-22-43

G 01437 ✓ G 01437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625 Argonne Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Argonne Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Estelle Gentry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Alfred St. John Gentry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Edwin Leverle
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Langhorn
15. Birthplace Balto. Md

16 (a) Informant Edwin Edwards
(b) Address 1625 Argonne Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Williams Cook Inc
(b) Address 1247 St. Paul st

19 (a) FEB 23 1943 (b) (Date rec'd by registrar) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 22 - 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 12 - 1935 to 2-22 1943 and that I last saw h alive on 2 - 18 - 1943.

Immediate cause of death — Duration
Uremia — 2 wks.
Due to Arteriosclerosis — Unknown
Due to
Other Conditions Apoplexy — 3 yrs.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Lytle M. D.
Address 2807 Harford Rd. Date signed 2-22-43

G 01438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01426 Registered No. 13 A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 Preastman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Preastman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Raphael Payne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan 1st 1868

8. AGE: Years 75 | Months 1 | Days 20 21 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John T. Payne
13. Birthplace Virginia

MOTHER
14. Maiden Name Catherine Fitzsimmons
15. Birthplace Boston Md.

16 (a) Informant Catherine P. Morgan
(b) Address 3308 Preastman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto Md

18 (a) Funeral director Milligan Cook Inc
(b) Address 1217 St. Paul St

19 (a) FEB 23 1943 Huntington Nathaniel Wright
(Date rec'd by registrar) Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22nd 1943, at 4a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11th 1943, to Feb. 22nd 1943, and that I last saw him alive on Feb 11th 1943.

Immediate cause of death: Coronary Thrombosis

Due to: Chr. Myocarditis

Due to: Chr. Int. Nephritis & Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: four months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. J. McDermott

Address 1136 Poplar Grove St Date signed M. 2 D. 22/43

G 01439

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01439
CERTIFICATE OF DEATH 46B
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3738 Falls Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3738 Falls Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Eloise Belle Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Female	White	Married

6 (b) Name of husband Edward F. Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th 1896

8. AGE: Years	Months	Days	If less than one day
46	11	17	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Richard Davis
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ellen French
15. Birthplace Md.

16 (a) Informant Edward F. Moore
(b) Address 3738 Falls Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 [illegible]

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21st 1943 at 7:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Feb 21 1943, and that I last saw h alive on Feb 21 1943.

Immediate cause of death Generalized Carcinomatosis — Duration 2 m.
Due to Cancer - Stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence J. Sherman M. D.
Address 371 Fallsd Rd Date signed 2-27-43

01440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G 01440

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22nd and CALVERT
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County —
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1658 GORSUCH AVE.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) **FULL NAME** BABY GIRL DENVER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 20, 1943

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name ELMER JOSEPH DENVER
13. Birthplace

MOTHER
14. Maiden Name ROSEMARY TRAGESER
15. Birthplace BALTIMORE, MD

16 (a) Informant MRS HARRY TRAGESER
(b) Address 1638 GORSUCH AVE BALTO MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director George J. Roth Sons
(b) Address 1125 Hanover Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 22 19 43 at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 20 19 43 to FEB 22 19 43, and that I last saw her alive on Feb 22 19 43.

Immediate cause of death	Duration
CARDIAC RESPIRATORY FAILURE	1 minute
Due to CONGENITAL HEART DISEASE	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank McGlaughlin M.D.
Union Memorial Hospital signed 3/22/43
Baltimore, Md.

01441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

630 Registered No. G 01441

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton Ave.
(c) Hospital or institution:
N. M. Carroll Home for the Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Lassiter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1878
8. AGE: Years 65 | Months | Days | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John ?
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant Miss Rosa Stewart
(b) Address 822 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) 2/23/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Feb. 21, '43 19 at 11:45

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 19 to Feb. 21 19 43.
and that I last saw her alive on Feb. 21 19 43.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 hrs.
Due to Essential Hypertension — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. H. Brumsander M. D.
Address 8443 Cross St. Date signed 2-24-43

G 01442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 01442

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Argyle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Argyle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BESSIE EDWARDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Roy Edwards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1893

8. AGE: Years	Months	Days	If less than one day
49	5	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Clark
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Wright
15. Birthplace Va.

16 (a) Informant Mr. Roy Edwards
(b) Address 913 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19, '43 19 , at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1943 to Feb 19 1943, and that I last saw her alive on Feb 19 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	36 hours
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1534 Druid Hill Ave Date signed Feb 22

VE 180

G 01443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G 01443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PRESTON HENDRICKS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
73 yrs			hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Lewis Hendricks
13. Birthplace N. C.

MOTHER
14. Maiden Name Alice Baskerville
15. Birthplace N. C.

16 (a) Informant Vashti Hendricks
(b) Address 935 Madison Ave.

17 (a) Burial (b) Date thereof 2/25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) 2/23/43 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-24-43

VS 6

G 01444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 01444 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 N. Gay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 N. Gay St (or rural route location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James Reed

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 2nd 1901

8. AGE: Years 40 41 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace Eastern shore Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Samuel Tripp Jr.
13. Birthplace Md.

MOTHER 14. Maiden Name Rosie Priel
15. Birthplace Md.

16 (a) Informant James Reed
(b) Address 1302 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23rd 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md

18 (a) Funeral director Belvert Mamie K. Wright
(b) Address 729 E. Lafayette St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1943 to Feb 1943.
and that I last saw her alive on Feb 20 1943

Immediate cause of death Acute Pulmonary Edema — Duration 4 days
Due to Toxemia
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo L Allen
Address 121 Gay St Date signed 2-22-43

G 01445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 646 E. 28½ Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella E. Smart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 64 Months Days If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name James Holliday

13. Birthplace Washington D.C.

MOTHER 14. Maiden Name Eliza Hawkins

15. Birthplace Washington D.C.

16 (a) Informant John T. Robinson

(b) Address 646 E. 28½ St. H.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 23-43 (month) (day) (year)

(c) Cemetery or crematory Washington

Location D.C.

18 (a) Funeral director Archibald A. Gaddis

(b) Address 1101 McCulloh St.

19 (a) FEB 23 (b) 1943 Huntington for Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1943, at 4:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20-1942 to 2-20-1943, and that I last saw her alive on 2-20-1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. B. Higgins M. D.

Address 2243 Madison Ave Date signed 2-22-43

VS 8

G 01446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

G 01446 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Warner St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet David 79843

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1922

8. AGE: Years	Months	Days	If less than one day
20	4	19	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation [illegible]
11. Industry or business

FATHER
12. Name Wash David
13. Birthplace S.C.

MOTHER
14. Maiden Name Chriesey Johnson
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-23-43 (month) (day) (year)
(c) Cemetery or crematory
Location Sumter S. C.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 101 W Montgomery St

19 (illegible) FEB 23 1943 (illegible) Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1943, at 10:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943, to Feb. 19 1943, and that I last saw her alive on Feb. 19 1943.

Immediate cause of death	Duration
Tbc. meningitis	?
Due to	
Due to	
Other Conditions Miliary tbc.	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross Jr. M. D.
Address Balt. C.T. Hosp. Date signed 2-24-43

01447

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01447
CERTIFICATE OF DEATH 13a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3337 Eidmont ave
(c) Hospital or institution: L
(d) Length of stay in hospital or inst. (yrs., mos., or days) L 15
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3337 Eidmont ave (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No) If yes, name country

3 (a) FULL NAME Ray Perell
3 (b) If veteran, name war L
3 (c) Social Security Account No. L
4. Sex Female
5. Color or race W
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Abraham
6 (c) If alive, give age L years
7. Birth date of deceased (mo., day, yr.) 1857
8. AGE: Years 86 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Gelit
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Anna Bear
(b) Address 3337 Eidmont ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Jack - Haven
Location Penna
18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto st
19 (a) (Date received by Registrar) FEB 25 (b) 1943 Signature and title of local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23 1943, at 2.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec - 1940, to Feb-23 1943, and that I last saw her alive on Feb-23-1943.

Immediate cause of death Uremia — Duration
Due to chronic nephritis
Due to arterio sclerosis & hypertension
Other Conditions L
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman Gerdl M. D.
Address 2404 Eutaw Pl Date signed 2/24/43

VS 2M

G 01448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 240

G 01448 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 3810
(b) Street address 3808 - 6th St. Bklyn
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3810 - 6th St. Bklyn
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PATRICIA BRADY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1938

8. AGE: Years	Months	Days	If less than one day
4	11	4 5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Daniel J. Brady
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Simon
15. Birthplace Baltimore, Md.

16 (a) Informant Emma Brady
(b) Address 3810 - 6th St. Brooklyn

17 (a) Burial (b) Date thereof 2-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Q. & J Co.

18 (a) Funeral director Bernard E Hurle
(b) Address 131 E West St

19 (a) FEB 23 1943 (b) Huntington Maryland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1943, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Septicemia	
Due to cause undetermined	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmaber M.D.
Asst Medical Examiner.
Date signed 2-22-43

VS 6

G 01449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01449 Registered No.

61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3/4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Timothy Lane.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. A. Girvin Winchester.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215 07-2154

4. Sex	5. Color or race	6 (a) Single, (Married) widowed, or divorced
M.	W.	

6 (b) Name of husband or wife Mrs. A. G. Winchester
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1882

8. AGE: Years	Months	Days	If less than one day
60	4	2	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Purchasing Dept.
11. Industry or business May Oil Burner Co.

FATHER
12. Name Pere Winchester
13. Birthplace Md. (?)

MOTHER
14. Maiden Name Katie White
15. Birthplace Md.

16 (a) Informant Hosp. records.
(b) Address

17 (a) Buried. (Burial, cremation, or removal) (b) Date thereof Feb 24. 43 (month, day, year)
(c) Cemetery or crematory London Park
Location Balto.

18 (a) Funeral director J. Vernon Kahmann
(b) Address 2301 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943, at 6 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1943 to Feb. 21 1943 and that I last saw him alive on Feb 21 1943.

Immediate cause of death	Duration
Cardio-resp. failure.	1 hr.
Due to Circulatory collapse	?
Due to Diabetic acidosis ? Diabetic coma ? Infection	? years.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Hebbel Jr. M. D.
Address Union Memorial Hosp. Date signed 2-24-43

Huntington Williams, M.D. Robert Lee Gratsch M.D.

G 01450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 N. Calhoun St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME William C. Saunders

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-8528

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Married

6 (b) Name of husband or wife Alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1893

8. AGE: Years	Months	Days	If less than one day
49	~~11~~	18	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Travers Saunders
13. Birthplace Va

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Alice Saunders
(b) Address 1721 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (month) (day) (year)
(c) Cemetery or crematory Fulton, Va
Location Fulton, Va

18 (a) Funeral director Geo. G. Kelly
(b) Address 1303 Pennsylvania Ave.

19 Filed FEB 28 1943 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1943 at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to Oct. 1942, and that I last saw him alive on Oct. 8 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days

Due to C-V. Renal Disease — Duration years

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Beasley M. D.

Address 110 E. Lombard St Date signed 2/27/43

G 01451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G 01451 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Aster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July ?-1902

8. AGE: Years 40 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Frank Carter
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Gay
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Carey A. Hyland
(b) Address 1631 Edmondson Ave.

19 (a) (Date rec'd) (b) Registrar

Hunting for Hillsboro

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20 1943 at 11 43 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1943 to 2-20 1943 and that I last saw her alive on 2-20 1943.

Immediate cause of death: Cardiac failure — Duration: ?

Due to Arteriosclerotic Ht. Disease — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balt. City Hosp Date signed 2-21-43

Surname G 01452

NORMAN M. LUBER G 01452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 163H

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Memorial Hosp. 1365
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Bay St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Norman M. Luber

3 (b) If veteran, name war: Ford
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife: Emma Luber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5-1897

8. AGE: Years	Months	Days	If less than one day
46	—	15	hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Park Department
11. Industry or business: Baltimore City

FATHER
12. Name: Joseph A. Luber
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Anna Rebecca Fogg
15. Birthplace: Maryland

16 (a) Informant: Joseph R. Luber
(b) Address: Dumbarton & Hyndewood Ave Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24-1943 (month) (day) (year)
(c) Cemetery or crematory: St. Mary's Hampden
Location: Baltimore, Md.

18 (a) Funeral director: Horace F. Burgee
FEB 20 1943 631 Falls Road
19 (a) (Date rec'd by registrar) Huntington Williams Mgr.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest & an Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation due to Illuminating Gas — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide ?
(b) Date of occurrence Feb. 20 1943 at ? M
(c) Where did injury occur? 727 Bay St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Turned on stove burners

23. Signature: Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 21 1943

G 01453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178A

G 01453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2818 Elliott Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2818 Elliott Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Mettleton

3 (b) If veteran, name war —

3 (c) Social Security Account No. 325-09-6456

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Mulat	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6-1897

8. AGE: Years	Months	Days	If less than one day
45	2	14	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Heat Melting Worker
11. Industry or business Owens, Illinois Glass Co

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Jewell Craven
(b) Address 706 Chartres Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23-43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Balto Md

18 (a) Funeral director John C. Milly Inc
(b) Address 2435 E. Oliver St Huntington Indiana

19 (a) (Date received by Registrar) (b) Registrar

FEB 26 1943

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20- 1943, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation — Duration:
Due to: Illuminating Gas
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-20-43 at A M
(c) Where did injury occur? 2818 Elliott Street (City or town) Baltimore (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Asphyxiation by illuminating gas

23. Signature Howard J. Walding M.D.
Medical Examiner.
Date signed 2-20-43

Lee J. H. Druke
428 Wingate Rd
Balto Co

G 01454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1321a Registered No. 13

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3517 Dalls Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Dalls Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert B. Coulter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Daisy A. Coulter
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 22 - 1864

8. AGE: Years	Months	Days	If less than one day
79	—	21 28	hr. min.

9. Birthplace Balto. Maryland (Town, county, and state)
10. Usual Occupation Iron Moulder
11. Industry or business

FATHER
12. Name Robert A. Coulter
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie V. Lee
15. Birthplace Baltimore, Md.

16 (a) Informant Daisy A. Coulter
(b) Address 3517 Dalls Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md.

18 (a) Funeral director A. S. Marshall
(b) Address 3589 Dalls Road

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 8 FEB 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943, to Feb 20 1943, and that I last saw him alive on Feb 19 1943.

Immediate cause of death	Duration
Cardiac decompensation	14h
Due to Cardio-vascular-renal disease	Two
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Druke M.D.
Address 846 W 36 St - Date signed 2/21/43

Dr B A Liebig
3615 Falls Rd.
2522 Clum Ave

G 01455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

G 01455
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4502 Ashesley Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4502 Ashesley Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nelson Polmat

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Sarah Elizabeth
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1855

8. AGE: Years	Months	Days	If less than one day
87	2	7	hr. min.

9. Birthplace Cumberland Md
(Town, county, and state)
10. Usual Occupation Section Hands: Mt Vernon Mills
11. Industry or business

FATHER
12. Name Ephraim Polmat
13. Birthplace Va.

MOTHER
14. Maiden Name Catherine Winkler
15. Birthplace Va

16 (a) Informant Sarah Elizabeth Polmat
(b) Address 4502 Ashesley Rd

17 (a) Burial (b) Date thereof Feb 23 - 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Mary's Hampden
Location Baltimore Md

18 (a) Funeral director A. L. Markuse
(b) Address 3519 Dallas Road Hyattsville, Md

19 (a) FEB 23 1943
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20th 1943 to Feb 20th 1943, and that I last saw him alive on Feb 20th 1943.

Immediate cause of death Virus Pneumonia — Duration 24 hrs?
Due to Senility.
Due to Arterio Sclerosis. Cerebral accident.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. A. Liebig M. D.
Address 3611 Falls Rd Date signed 2/24/43

VS 3

G 01456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G 01456 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3920 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Regina Rosalie Baker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife none
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1878

8. AGE: Years	Months	Days	If less than one day
64	4	8	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaac Baker
13. Birthplace Maryland Balto. Co. Md.

MOTHER
14. Maiden Name Mary Jane Bentt
15. Birthplace Maryland (Fred. Co., Md.)

16 (a) Informant Mrs. O. B. Bradley (sister)
(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem. Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) FEB 23 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1943, at 10 46 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1943, to 2-22 1943, and that I last saw her alive on 2-22 1943.

Immediate cause of death Cardio-respiratory failure — Duration —
Due to Cachexia —
Due to Spinal metastases of Carcinoma (Breast origin) — Duration 2 years
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature James W. C. Z. M.D.
Address Union Memorial Hospital Date signed 2-22-43

VS 180

G 01457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01457 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 15
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES SHAW

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Jane Lea
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1857

8. AGE: Years	Months	Days	If less than one day
85	2	21	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation retired
11. Industry or business --

FATHER
12. Name James Shaw
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Carrol W. Clarke
(b) Address 4713 Norwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Registrar

FEB 26 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21/ 1943 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1940, to Feb. 21, 1943, and that I last saw him alive on Feb. 20, 1943

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Partial heart block	1 yr.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Wells M. D.
Address 4108 Edmondson Ave Date signed 2/22/43

Huntington Williams, M.D.

G 01458 G 01458

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 44B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos. or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
Street No. 506 W. Joppa Rd.
(If rural give location)
(d) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mayme K. Gettier

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Clarence R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-2-91

8. AGE: Years 51 | Months 5 | Days 20 | If less than one day: hr. min.

9. Birthplace Stroudsburg, Penna.
(Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business Home

FATHER
12. Name David W. Kintner
13. Birthplace Penna

MOTHER
14. Maiden Name Johnson
15. Birthplace Penna

16 (a) Informant Clarence R. Gettier
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 25 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1943, at 7:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18 1942 to 2/22 1943 and that I last saw her alive on 2/22 1943

Immediate cause of death: Hodgkins Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas O. Lucky M.D.
Address Md. Gen. Hosp. Date signed 2/27/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01459 — Registered No. 1838

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1442 Boyle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM WANN MINES

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 218-10-2344

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Mary Orash
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1863

8. AGE: Years	Months	Days	If less than one day
79	2	1	hr. min.

9. Birthplace Camden, N. J.
(Town, county, and state)
10. Usual Occupation Gateman
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Wm. W. Mines
13. Birthplace Camden, N. J.

MOTHER
14. Maiden Name Caroline Helen
15. Birthplace Camden, N. J.

16 (a) Informant Mrs. Alletta Mines Wolf
(b) Address 34-10th Ave., Haddon Hgts.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cem.
Location Washington Blvd.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 FEB 23 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1943 to 2-22 1943, and that I last saw him alive on 2-22 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Arteriosclerosis — Duration: Syst
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Mines M. D.
Address 207 E. Fortieth Date signed 2-23-43

Ma 3710 W

BALTIMORE CITY HEALTH DEPARTMENT

G 01460

CERTIFICATE OF DEATH 63B

Registered No. G 01460

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3711 Benefit St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Love

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William Love
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb-25-1867

8. AGE: Years 75 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

MOTHER / FATHER
12. Name Mr Williams
13. Birthplace Delaware
14. Maiden Name "
15. Birthplace "

16 (a) Informant Fannie Dandridge
(b) Address 125 N. Wolfe St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-13-43 (month) (day) (year)
(c) Cemetery or crematory St Paul's Cem
Location

18 (a) Funeral director Thos E Miller Inc
(b) Address 2435 E Oliver St

19 (a) FEB 23 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 - 1943, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1943 to Feb 11 1943, and that I last saw her alive on Feb 9 1943.

Immediate cause of death: Chronic Myocarditis — Duration

Due to

Due to

Other Conditions: Hypertensionism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Puttermann

Address 2324 Reisterstown Rd Date signed 3/12/43

VS 3

2 Transcripts G 01461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312a

G 01461 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette + Payson St.

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town 116 S. Mount St (If outside city or town limits, write RURAL and give town)

(d) Street No. Baltimore Md (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr Samuel Crandell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Ida S. Sims

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1881

8. AGE: Years	Months	Days	If less than one day
61	6	9/15	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Lunch Business

11. Industry or business Lexington Market

FATHER 12. Name Samuel D. Crandell

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Stella Sons

MOTHER 15. Birthplace Md

16 (a) Informant Mrs. Samuel Crandell

(b) Address 116 S. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 3900 old Frederick Rd

18 (a) Funeral director Harry A. Welsh

(b) Address 4101 Edmondson Ave.

19 (a) FEB 23 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 3

20. DATE OF DEATH Feb 21 1942 at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1943 to 2/21 1943 and that I last saw h[illegible] alive on 2/21 1943.

Immediate cause of death	Duration
(a) Pulmonary Edema (acute)	2 days
Due to (b) Arteriosclerotic Cardio-Vascular Renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Home

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward L J Kenny M.D.

Address Bon Secours Hosp Date signed 2/24/43

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01462 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor & Lakeland Ave.
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Schwallenberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8732

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Elizabeth M. Spahn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1907

8. AGE: Years	Months	Days	If less than one day
36	-	14	hr. min

9. Birthplace Ft Balto. Maryland (Town, county, and state)
10. Usual Occupation Brush Maker
11. Industry or business S. M. Offt & Co.

FATHER
12. Name George E. Schwallenberg
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Curran
15. Birthplace Md.

16 (a) Informant Mrs. Elizabeth Schwallenberg
(b) Address 2033 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 3401 Old Frederick Rd

18 (a) Funeral director Henry H. Wilkes
(b) Address 4101 Edmondson Ave.

19 (a) FEB 23 1943 (b) [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1943 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1943 to 2/21 1943, and that I last saw h[illegible] alive on 2/21 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebral Hemorrhage	5 days
Due to Hypertensive CVD	unknown
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Vaughan M.D.
Address West Balto. Gen. Hospital Date signed 2/10/43

VS 3

G 01463
T1 T.N

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 01463
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 years
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Mc Henry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jasper Wells

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Seperated

6 (b) Name of husband or wife: Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec / 15, 1890

8. AGE: Years 52 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Wells
13. Birthplace Baltimore

MOTHER
14. Maiden Name Amelia Host
15. Birthplace Baltimore

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave [illegible] records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Fredrick Rd.

18 (a) Funeral director Harry H. Mitzke
(b) Address 1419 E. Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1943. at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939. to 2-21 1943. and that I last saw h~~e~~ alive on 2-21 1943.

Immediate cause of death: Cardiac failure — Duration 7

Due to: Arteriosclerotic [illegible] ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto City Hosp Date signed 2-22-43

VS 180

G 01464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 131 B

G 01464 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2032 E. Eager St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Alexander Harvey

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 [illegible]

8. AGE: Years	Months	Days	If less than one day
65	8	20	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name William Harvey
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Frances
15. Birthplace Virginia

16 (a) Informant Mary Della Gamble
(b) Address 2032 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/43 (month) (day) (year)
(c) Cemetery or crematory
Location Woodsgeter, Va

18 (a) Funeral director Charles L. Law
(b) Address 802 N. Washington Ave

19 FEB 23 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 · 22 1943 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 · 18 1943 to 2 · 23 1943, and that I last saw h — alive on 2 · 23 1943.

Immediate cause of death Acute myocarditis
Due to Hernia
Due to Chr. Nephritis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
1 Day
6 Day
2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dow L. Berry M. D.
Address 1420 6 · Chase Date signed 2 · 23 · 43

VS 3

G 01465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 82a

G 01465
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 847 S. Dallas St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Vits

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1865

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	9	10		

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business Unknown

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Wm. H. Elkins
(b) Address 2101 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Evgl. Reform. Church Cem.
Location Canton, Balto. Md.

18 (a) Funeral director Howard R. Blight Jr.
(b) Address 4914 Belair Road

19 (a) FEB 23 1943 (Delivered by registrar) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 8 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1943, to Feb 21 1943, and that I last saw h[illegible] alive on Feb 19 1943.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. H. Fuhrman, M. D.
Address 2324 Fendersbon Rd Date signed 2-23-43

Huntington Williamsport

G 01466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X H6E

G 01466 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 98th Street St.

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days

(e) Length of stay in Baltimore (yrs., mos., or days) 25 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Penn. (b) County —

(c) City or town Shippensburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 300 E Orange St. (If rural give location)

(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Miss Emily Ellen Stamey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/10/[illegible]

8. AGE: Years	Months	Days	If less than one day
70	11 mos	12	— hr. — min.

9. Birthplace Pennsylvania (town, county, and state)

10. Usual Occupation School teacher

11. Industry or business —

FATHER

12. Name Mr. John F. Stamey

13. Birthplace Penn.

MOTHER

14. Maiden Name Emily Reese

15. Birthplace Penn

16 (a) Informant —

(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1943 (month) (day) (year)

(c) Cemetery or crematory Huntsdale Cemt. Location Shippensburg, Pa.

18 (a) Funeral director Wm. J. Tichnor & Sons.

(b) Address North & Pa. Ave.

19 (a) [illegible] (b) Huntington Williams, M.D.

FEB 28 1943

Va 116

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22 1943 at 8:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/29 1943 to 2/22 1943 and that I last saw her alive on 2/22 1943

Immediate cause of death Coronary Occlusion - Pulmonary Embolism - Failure — Duration

Due to Coronary Occlusion Pulmonary Embolism

Due to Atherosclerotic Heart Disease

Other Conditions Carcinoma of Uterus - Radium Therapy.

(Include pregnancy within 3 months of death)

Date of operation 2/6/43

Major findings of operation: Recurrent Carcinoma of Cervix Uteri

of autopsy: Pulmonary Embolism

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Newland Edward Doan M. D.

Address 2734 St Paul St

Date signed Feb. 27, 1943

G 01467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01467
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland redwood & Gilly Cts
(b) Street address Univ of Md.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County balto
City or town Cockeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Beaverdam Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Lee Song

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1942

8. AGE: Years	Months	Days	If less than one day
—	3	15	hr. min.

9. Birthplace Cockeysville md
(Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name J. Leonard Song
13. Birthplace Cockeysville

MOTHER
14. Maiden Name Virginia L. Ford
15. Birthplace Cockeysville

16 (a) Informant M. D. L. Song
(b) Address Cockeysville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1943 (month) (day) (year)
(c) Cemetery or crematory Grace Methodist
Location Chestnut Ridge, Balto Co. Md

18 (a) Funeral director Landon & Brady
(b) Address Sparks, Md. Hunting for Hillcrest Balto

19 (a) FEB 26 1943 Huntington Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1943, at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 22 19 43 to FEB 22 19 43, and that I last saw her alive on 2-22 19 43.

Immediate cause of death Respiratory failure — Duration
Due to pertussis
Due to
Other Conditions bronchopneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature A. Casey M. D.
Address University Hosp. Date signed 2-23-43

G 01468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 01468

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Howard
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 E. Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marion Waller Callaway

3 (b) If veteran, name war

3 (c) Social Security Account No. 716-01-7637

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna H. ——

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1887

8. AGE: Years 55 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business D.P.T.

FATHER
12. Name George W. Callaway
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily Waller
15. Birthplace Md.

16 (a) Informant Anna H. Callaway
(b) Address 717 E. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 24/43 (month, day, year)
(c) Cemetery or crematory Riverview
Location Wilmington Del

18 (a) Funeral director Harry N. Raymond
(b) Address 4204 Ridgewood Ave Philadelphia Pa

19 (a) FEB 23 1943 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943 at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1943 to Feb. 21 1943, and that I last saw h/m alive on Feb. 21 1943

Immediate cause of death Angina pectoris — Duration

Due to Hypertensive arteriosclerotic C.V.D

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Herman Welkins M.D.
Address Maryland Gen. Hosp. Date signed Feb 24 1943

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01469 Registered No. 934

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1741 Cliftview ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 9
(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 Cliftview ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Etta V... Button

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Mayfield S. Button
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/21/1868

8. AGE: Years 74 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace Middletown N.Y. (Town, county, and State)

10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William S. Langdon
13. Birthplace Middletown N.Y.

MOTHER
14. Maiden Name Elizabeth Pyle
15. Birthplace Middletown N.Y.

16 (a) Informant Mary E. Button
(b) Address 3318 Ellenley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Harry N. Amacker
(b) Address 4204 Ridgewood Ave

19 (a) Filed Feb 27 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1943 at 5:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1943 to Feb 22 1943, and that I last saw her alive on — 1943.

Immediate cause of death Coronary Heart Disease? | Duration

Due to Note: M. D. O. H. at St. Joseph's Hospital.

Due to

Other Conditions Generalized arteriosclerosis & Chronic Heart Dis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Dillinger, M.D.
Address St. Joseph's Hospital Date signed Feb. 22nd 1943

VS 3

Huntington for Middleville Md. Baltimore, Md 22nd 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 014 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83W

Registered No. G 01430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2909 Silver Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Silver Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C Vignett Casey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Timothy J Casey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany 27 1858

8. AGE: Years	Months	Days	If less than one day
85		25	hr. min.

9. Birthplace Patts Co Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER 12. Name	Daniel Vignett
FATHER 13. Birthplace	Ireland
MOTHER 14. Maiden Name	Sarah French
MOTHER 15. Birthplace	Maryland

16 (a) Informant Sadie A C Casey
(b) Address 2909 Silver Hill Ave
17 (a) Burial (b) Date thereof Feb 24 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md
18 (a) Funeral director Harry A Annacost
(b) Address 2411 Ridgewood Ave
19 (a) FEB 23 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943 to Feb 21 1943 and that I last saw her alive on Feb 21 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day
Due to Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel H Culver M. D.
Address 5611 Pimlico Rd Date signed

VS 1

G 01471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01471 Registered No. 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 475
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Dorothy E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1874

8. AGE: Years	Months	Days	If less than one day
69	1	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Jas. P Jackson
13. Birthplace Md

MOTHER
14. Maiden Name Matilda Willis
15. Birthplace Md

16 (a) Informant Mrs. Jeanette Voglo
(b) Address R.F.D. #2 Laurel, Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Dorsey Hill
Location Dorsey Hill Laurel Cemetery Md

18 (a) Funeral director W. W. Chambers Co
(b) Address Riverdale, Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22- 1943 at 7 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock	
Fractured pelvis	
Due to Contusions - internal	
Due to	
Other Conditions Multiple bruises & abrasions; Intoxication (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-21-43 at 10 30 P.M
(c) Where did injury occur? Wash. Blvd, near Laurel Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Needles M.D. Medical Examiner.
Date signed 2-23-43

G 01472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G 01472

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 945 W Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 945 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Harcum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Hollon Harcum
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1879

8. AGE: Years 63 | Months 6 | Days 12 | If less than one day: hr. min.

9. Birthplace Kent Co Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Wm Freeman
13. Birthplace Kent Co Md.

MOTHER
14. Maiden Name Rachel Perkins
15. Birthplace Kent Co

16 (a) Informant Coretta Fuller
(b) Address 945 W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 222 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams

FEB 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1943 at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1943 Feb 19 1943.
and that I last saw her alive on Feb 18 1943

Immediate cause of death: Pulmonary Edema
Due to: Chr Hypocardites
Due to: Endocardotis
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. Harcum
Address 601 Carrollton Ave Date signed 2/25/43

G 01473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 830

G 01473 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 N. Gilmor St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) > 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Freelan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife William Freelan
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1847

8. AGE: Years	Months	Days	If less than one day
95	11	23	hr. min.

9. Birthplace Calvert Co, Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Alice Jones
(b) Address 1532 W Lexington
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 332 N Schroeder st.
19 (a) (Date rec'd by Registrar) (b) Huntington Ave (Registrar) Baltimore, Md.

FILED 2-25-43

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1943 to Feb 20 1943, and that I last saw her alive on Feb 19 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas Shepperd M. D.
Address 631 W Franklin St Date signed 2/23/43

G 01474

G 01474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 01474

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1833 Eagle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 Eagle St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Eliza Robinson

3 (b) If veteran, name war no | 3 (c) Social Security Account No. none

4. Sex fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Colley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1883

8. AGE: Years 60 | Months | Days 22 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Alex Nellips

13. Birthplace Staunton, Va.

MOTHER 14. Maiden Name Alice Ball

15. Birthplace Virginia

16 (a) Informant Geo Robinson (Son)

(b) Address 836 N Eylau St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Anne Arundel County Md

18 (a) Funeral director Charles J Cooper

(b) Address 514 N Eutaw St

19 (a) FEB 23 1943 Huntington Wilkins (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22 1943, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1942 to 2/22 1943 and that I last saw her alive on 2/21 1943

Immediate cause of death Hypertensive Heart Disease — Duration 7 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. N. Pyfer M.D.

Address 836 N Eutaw St Date signed 2/23/43

VS 3

G 01475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 172

G 01475 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Pine St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Lemon

3 (b) If veteran, name war

3 (c) Social Security Account No. 9-17-03-9149

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1915

8. AGE: Years	Months	Days	If less than one day
27 28	8	16	hr. min.

9. Birthplace Summerton S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Dutch Lemons

13. Birthplace S.C.

MOTHER 14. Maiden Name Telvonia Bennett

15. Birthplace S.C.

16 (a) Informant Joseph Bennett

(b) Address 940 N. Bond St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 24, 1943 (month) (day) (year)

(c) Cemetery or crematory

Location Summerton S. Carolina

18 (a) Funeral director Mrs. P. A. Elliott & Daughter

(b) Address 112 W. Caroline St.

FEB 23 1943 (Date rec'd by registrar) Huntington Williamsport Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943, at 3 40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said ~~inquest~~ autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Skull Fracture	
Due to fall	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following 24/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 20 1943 at 9 20 A.M.
(c) Where did injury occur? Key Highway Bethlehem Shipyards (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury Fell off boat onto raft

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Feb. 21 1943

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01476 / 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Sumerset St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Scott 79783

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	black	married

6 (b) Name of husband or wife Mabel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1916

8. AGE: Years	Months	Days	If less than one day
26	11	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation porter
11. Industry or business

FATHER
12. Name Harrison Scott
13. Birthplace Md.

MOTHER
14. Maiden Name Marie Thomas
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md

18 (a) Funeral director Mrs P.G. Elliott & Daughter
(b) Address 1129 N. Caroline St

FEB 23 1943 (Date rec'd by Registrar) (b) Huntington Williams, Registrar

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 19 43 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1943 to Feb. 20 1943 and that I last saw him alive on Feb. 20 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross M. D.
Address Balt City Hosp Date signed 2-24-43

Copy of G 01477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

G 01477

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 E. Madison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sidney Purnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years	Months	Days	If less than one day
24			hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER | FATHER

12. Name Earl Purnell

13. Birthplace Balto. Md.

14. Maiden Name Sadie Harmon

15. Birthplace Baltimore Md.

16 (a) Informant Earl Purnell

(b) Address 1220 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A. A. County Md

18 (a) Funeral director Mrs. Peter J. Elliott & Son

(b) Address 1129 N. Caroline St.

FEB 23 1943 (Date rec'd by registrar) H. Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1943, at 10 35 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Bullet wound of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:

(a) Accident, suicide, or homicide homicide

(b) Date of occurrence Feb. 20, 1943 at 10 PM

(c) Where did injury occur? Cor. Gay & Eager Sts. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? No

(e) Means of injury Shot

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Feb. 21 1943

Morgue G 01478 Melvinia

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1240

G 01478 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State of Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 E. Cross St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Madeline Mandulitch

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife: George Mondulick
6 (c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): May 26/12

8. AGE: Years	Months	Days	If less than one day: hr.	min.
30	8	24		

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

MOTHER / FATHER
12. Name: Henry Brown
13. Birthplace: Balto. Md.
14. Maiden Name: Nine Smart
15. Birthplace: Balto. Md.

16 (a) Informant: Mr. George Mondulick
(b) Address: 6 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 23 '43 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location: Edmondson Ave.

18 (a) Funeral director: Fred A. Krauss & Son
(b) Address: 1216 E. Charles St.

FEB 23 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 20 1943, at 11 55 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cirrhosis of liver — Duration
Due to: chronic alcoholism
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert Lee Graham M.D. Medical Examiner.
Date signed: Feb. 24 1943

VS 6

Street age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01479 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1928 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Wilkens ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Stanley W. Webb

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Sue Robinson Webb
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 10, 1888

8. AGE: Years	Months	Days	If less than one day
54	7	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business

FATHER
12. Name Samuel S. Webb
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Louise N. Fleshhman
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Sue Robinson Webb
(b) Address 1928 Wilkins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-43. (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore, Md.

18 (a) Funeral director Frederick A Cole
(b) Address 1300 W Lombard St

19 FEB 23 1943 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Feb. 21st 1943, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1942 to 2/21 1943, and that I last saw h[illegible] alive on 2/21 1943.

Immediate cause of death: Acute Nephritis — Duration 2 hrs

Due to: Chronic Nephritis — Duration

Due to:

Other Conditions: Myocarditis Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James [illegible] M.D.
Address 721 Medical [illegible] Date signed 2/23/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 01480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 01480

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 Battery ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-4
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Brannan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Michael J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1870

8. AGE: Years 73 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Lewistown, Pa (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name August Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Boanger
15. Birthplace Germany

16 (a) Informant Michael J. Brannan
(b) Address 3949 Wilsby ave.

17 (a) Cathedral (Burial, cremation, or removal) (b) Date thereof 2-26-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1422 Light St.

19 (a) FEB 26 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 19 43 7.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 19 42 to Feb 23 19 43 and that I last saw h[illegible] alive on Feb. 22 19 43

Immediate cause of death: Auricular Fibrillation, myocarditis. — Duration: Not known.
Due to Cardiac decompensation, general.
Due to Senile edema
Other Conditions Acute Cardiac Dilatation — 1 day
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris M. D.
Address 1017 Eastwell Ave Date signed 2.23.43.

VS 150

G 01481

BALTIMORE CITY HEALTH DEPARTMENT X 30D

CERTIFICATE OF DEATH

G 01481
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Housenick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Charles Housenick
13. Birthplace Pa

MOTHER 14. Maiden Name Martha Kitter
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Riverdale Md

18 (a) Funeral director Hyde Chambers Co
(b) Address Riverdale Md

FEB 24 1943 (b) Huntington Williamsport Pa

VS 289

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1943 at 5.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1943 to Feb 23 1943 and that I last saw him alive on Feb 23 1943.

	Duration
Immediate cause of death Ruptured aneurysm of abdominal aorta and left common iliac A	
Due to Aneurysm of Rupture	Months 3 & hours
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marjorie Hayes M. D.
Address Johns Hopkins Hosp. Date signed 2-25-43

G 01482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. G 01482

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 2500
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 Newburgh Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RAYMOND L. MARSH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17-1934

8. AGE: Years	Months	Days	If less than one day
8	2	4	hr. min.

9. Birthplace Emmitsburg Pa.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name G. Claude Marsh
13. Birthplace Altoona Pa

MOTHER
14. Maiden Name Helen Brown
15. Birthplace Johnstown Pa

16 (a) Informant G Claude Marsh
(b) Address 19 Newburg Ave

17 (a) Burial (b) Date thereof 2-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Geo E. Boyer Jr
(b) Address 1811 W Hollins St

19 (a) FEB 24 1943 Huntington Baltimore, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 8 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death
Drowning
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-21-43 at 7 30 M
(c) Where did injury occur? Pine Oaks Swimming
(City, town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury drowning

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 2-24-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01483

JL -79736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01483
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Johannsen St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1903

8. AGE: Years	Months	Days	If less than one day
39	4	14	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name ?
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 23 1943
18 (a) Funeral director Commissioner of Health
(b) Address
19 FEB 24 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1943 at 2 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1943 to 2-16 1943
and that I last saw h alive on 2-16 1943

Immediate cause of death — Duration
Meningococcal meningitis — 10 days
Bacteriopneumonia — 8-9 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Rawlins M. D.
Address Balto. City Hosp. Date signed 2-17-43

VS 180

9837

G 01484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Colleth Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years: 68 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 23 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 24 1943 (Signature of Registrar) Registrar's No. 1983

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 19 42 at 11:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Date signed Nov. R. L. Fetter Medical Examiner M. D.
14. 11 1942.

VS 6

01485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

G 01485 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES POWELL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL FEB 23 1943
Commissioner of Health

18 (a) Funeral director
(b) Address
FEB 24 1943

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at 8 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Burns, 2nd and 3rd degree entire body	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-25-43 at 1 a.m. M
(c) Where did injury occur? Home Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Burns afire

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 1-25-43

G 01486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 01486

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 North Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Lloyd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1843

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 23 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 24 1943 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 19 43 at 8:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary thrombosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 2/5/43.

VS 6

1933

G 01487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 Registered No. G 01487

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor
(c) Hospital or institution: Foot of Broadway
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Un known (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Langley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50 ?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 23 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 24 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1-43 19 , at 8 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence at M
(c) Where did injury occur? Harbor at foot of Broadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor While at work? no (Specify type of place)
(e) Means of injury Drowning

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 11 1943.

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 01488 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 Braddish Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 ?
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Braddish Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WALTER PERCY SUTTON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	217 - 01 - 1149	male	white	married

6 (b) Name of husband or wife Lillie Tolle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1872

8. AGE: Years	Months	Days	If less than one day
70	7	11	hr. min.

9. Birthplace Howard Co. (Town, county, and state)
10. Usual Occupation Agent
11. Industry or business Balto. Life Ins. Co.

FATHER
12. Name Wm. Sutton
13. Birthplace unknown

MOTHER
14. Maiden Name Eliz. A. DeChance anlime
15. Birthplace --

16 (a) Informant Mrs. Lillie T. Sutton
(b) Address 1500 Braddish Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem. Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Date received) FEB 24 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 1943 at 4:52 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3-1942 to Feb 20 1943 and that I last saw h alive on Feb. 20, 1943.

Immediate cause of death: Heart Block + Stokes-Adams Syndrome — Duration 6 months
Due to Hypertensive arteriosclerotic Heart disease — 20 years
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. J. Sullivan M. D.
Address 2911 Garrison Blvd. Date signed Feb 22-43

Registrar Huntington Williams, M.D.

G 01489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 166

Registered No. G 01489

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 N. Butler Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Franklin D. Yancey

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Marjorie Yancey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1915

8. AGE: Years	Months	Days	If less than one day
27	11	9 10	hr. min.

9. Birthplace Boston, Mass (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Thomas Yancey
13. Birthplace Mass.

MOTHER
14. Maiden Name Beatrice Green
15. Birthplace Mass.

16 (a) Informant Mrs. Marjorie Yancey
(b) Address 220 N. Allington ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-43 (month) (date) (year)

(c) Cemetery or crematory
Location Philadelphia, Penna.

18 (a) Funeral director Mr. J. Hratrew A. Hemsley
(b) Address 578 W. Biddle St.

19 (Date received) FEB 24 1943 Huntington Williams, M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23-1943 at 2:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Gunshot Wound of Heart

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2-23-43 at 2:30 A.M.
(c) Where did injury occur? Jaynes 211 N. Arlington Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No.
(e) Means of injury Bullet

23. Signature Howard J. Mueller M.D. Medical Examiner.

Date signed 2-23-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. F. 1203-a

Cert. 6170 – Cert 9484

01490

HEALTH DEPARTMENT—CITY OF BALTIMORE

01490

CERTIFICATE OF DEATH ✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 W. Lexington St., Ward 17)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Miller

(a) Residence: No. 1412 W. Lexington St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20, 1943

7. AGE	Years	Months	Days	If LESS than 1 day 24 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation. ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edwin Peter Miller

14. BIRTHPLACE (city or town) (State or country) Brighton Pa.

MOTHER

15. MAIDEN NAME Florence I. Tobey

16. BIRTHPLACE (city or town) (State or country) Wyoming Pa.

17. INFORMANT C. Martin

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHN HOPKINS MEDICAL SCHOOL FEB 23 1943 19...

Commissioner of Health

19. UNDERTAKER .....

(Address)

20. FILED FEB 24 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1943

22. I HEREBY CERTIFY That I attended deceased from Feb 20, 1943 to Feb 21 1943

I last saw h.. alive on Feb 21 1943 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset ...

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Milton Sisson M. D.

(Address) 429 W. Fayette St.

9538

SISCOVICK

v. s. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

G 01491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01491 Registered No. 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 452 S. Howard St.
(c) Hospital or institution: City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 452 Howard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred K Klusewitz

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Wanda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years	Months	Days	If less than one day
24			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Klusewitz
13. Birthplace Reading, Pa.

MOTHER
14. Maiden Name Caroline
15. Birthplace Poland

16 (a) Informant Wanda Klusewitz
(b) Address 452 S. Howard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1980 Eastern Ave

19 (a) (Date received) FEB 24 1943 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-1943 at 9.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Fractured skull
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-20-43 at 7.20 P M
(c) Where did injury occur? Maple Ave, Mt Royal Ave Towson Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Weaddon M.D.
Medical Examiner.
Date signed 2-23-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 01492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 S Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 S Stricker St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert R. Frank

3 (b) If veteran, name war None
3 (c) Social Security Account No. 705-05-6061
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Mary A. Frank
6 (c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) October 7. 1887
8. AGE: Years 55 Months 4 Days 16 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired B&O
11. Industry or business Trainman

FATHER
12. Name Richard Frank
13. Birthplace Germany

MOTHER
14. Maiden Name Otelia Kreiner
15. Birthplace Germany

16 (a) Informant Mary A. Frank
(b) Address 407 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Nott & B. M. Walters
(b) Address Pratt & Stricker Sts

19 (a) FEB 26 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1943, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31/41 19 to 2/23/43 19, and that I last saw him alive on 2/23/43 19

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Chronic Nephritis

Due to: Pulmonary Oedema

Due to: Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Baylus, M.D.
Address 1600 Wilkens Ave Date signed 2/23/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 01493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01493 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2037 E. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 E Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Constantine Badumis

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Lena Badumis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2. 1891

8. AGE: Years	Months	Days	If less than one day
52	-	18	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Restaurant Business
11. Industry or business

FATHER
12. Name John Badumis
13. Birthplace Greece

MOTHER
14. Maiden Name Olympia ?
15. Birthplace Greece

16 (a) Informant Mrs Lena Badumis
(b) Address 2037 E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (month) (day) 43 (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert W Bergey
(b) Address 440 E North Ave

19 (a) Feb 24 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1943, at 9 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1942 to Feb 20 1943, and that I last saw h[illegible] alive on Feb 20 1943.

Immediate cause of death: Lobar pneumonia — Duration
Due to
Due to
Other Conditions: Hemiplegia - L
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo Groton M. D.
Address 101 N. Rehoboth Date signed 2-25-43

VS 230

G 01494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 01494 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 646 Fair mount Av.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 646 Fair mount
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Shields

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1887

8. AGE: Years	Months	Days	If less than one day
55 ~~60~~	8		hr. min.

9. Birthplace Accomac Co. Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Parker
13. Birthplace Accomac Co., Md.

MOTHER
14. Maiden Name Jane West
15. Birthplace Accomac Co. Va.

16 (a) Informant Clarence Shields
(b) Address, 824 Prince Street

17 (a) Burial (b) Date thereof Feb 24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Wallace
(b) Address 322 N. Schroeder St

19 FEB 23 (Huntington Hollins, M.D.)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19 1943, at 9.29 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardio Vascular disease	
Due to	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B McAlley M.D.
Medical Examiner.
Date signed 2/21/43

VS 6

Morgue

C 01495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 01495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 W. Hamburg St.
(c) Hospital or institution:
South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 W. Hamburg St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Keys

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Isaac Keys

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1881

8. AGE: Years 61 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John T. Davis
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Ann Moore
15. Birthplace Baltimore, Md.

16 (a) Informant John T. Davis
(b) Address 1920 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24, 1943 (month) (day) (year)

(c) Cemetery or crematory W. H. Autumn Com
Location

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) FEB 24 1943 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943 at 1:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an autopsy thereon and from the evidence obtained by said inquiry & autopsy found that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grattan M.D. Medical Examiner.
Date signed Feb. 21 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 01496 BALTIMORE CITY HEALTH DEPARTMENT G 01496

CERTIFICATE OF DEATH 94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1420 Jackson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Jackson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse M Boswell

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-2319

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Ada V
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec 26 1889

8. AGE: Years	Months	Days	If less than one day
53	1	25	hr. min.

9. Birthplace Wilson N C (Town, county, and state)
10. Usual Occupation Machinist Outside
11. Industry or business Md Dry dock

FATHER
12. Name Joseph Boswell
13. Birthplace N.C.

MOTHER
14. Maiden Name Rebecca
15. Birthplace

16 (a) Informant Mrs Ada V Boswell
(b) Address 1420 Jackson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) (b)
FEB 24 1943
Huntington Williams, M.D.

VS 210

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1943 to Feb 21 1943, and that I last saw h[illegible] alive on Feb 14 1943.

Immediate cause of death Coronary Heart Disease — Duration 1 day
Due to arteriosclerosis — 1 year
Due to
Other Conditions Bronchial asthma — 6 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L C Miller M D M. D.
Address 1225 S Market St Date signed 2/23/43

G 01497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

Registered No. G 01497

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Scott St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Scott St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Salem H Deems

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 21 1865

8. AGE: Years	Months	Days	If less than one day
77	7	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Cigar maker

11. Industry or business

FATHER — 12. Name William F. Deems

13. Birthplace Md

MOTHER — 14. Maiden Name Elizabeth

15. Birthplace Md

16 (a) Informant Mrs Ada M. Jackson Sister

(b) Address 1115 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (month) (day) (year)

(c) Cemetery or crematory Western Cem

Location Longwood & Edmondson Ave

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) FEB 24 1943 (Date received) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938 to Feb 22 1943, and that I last saw him alive on Feb 22 1943.

Immediate cause of death	Duration
Acute Heart Failure	
Due to Chronic Myocarditis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Louis J Lon M. D.

Address 516 Wolfe Bl Date signed 2/23/43

VS 180

G 01498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 01498

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Williams & Caton Aves.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1907 Gwynndale Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (c) FULL NAME Herman Myers

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8266

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Mary C. Bachus deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1875

8. AGE: Years	Months	Days	If less than one day
67	2	18	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Bus Worker.

11. Industry or business

FATHER

12. Name Herman

13. Birthplace Ger.

MOTHER

14. Maiden Name Augusta Schauman

15. Birthplace Balto.

16 (a) Informant Family

(b) Address 1907 Gwynndale Ave

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 2-25-43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Lochearn Md.

18 (a) Funeral director Joseph M. Cuddy

(b) Address 130 S. Fast Ave.

19 (a) FEB 24 1943 (Date received by Registrar) Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1943 at 7:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1943 to 2-21 1943, and that I last saw h[illegible] alive on 2-21 1943.

Immediate cause of death Arteriosclerotic C-V-D

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address St. Agnes Hosp. Date signed 2/25/43

Huntington Williams M.D.

G 01493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01499 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 N. Ann St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Ann St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Kedzior

3 (b) If veteran, name war —

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Peter F.

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Dec 6 1898

8. AGE: Years	Months	Days	If less than one day
44	1	26	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At Home.

11. Industry or business

FATHER 12. Name Karol Rymiewicz

13. Birthplace Poland

MOTHER 14. Maiden Name Frances Denko

15. Birthplace Poland

16 (a) Informant Peter F. Kedzior

(b) Address 12 N. Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (month), (day), (year)

(c) Cemetery or crematory Holy Rosary

Location Gorman Mill Rd.

18 (a) Funeral director M. A. Diggett's Sons

(b) Address L. A. Sts.

19 (a) (Date received by Registrar) (b) Huntington Williams M.D. Registrar

FEB 23 1943

VS 116

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1943 at 12 P.M

21. I certify that death occurred on the date above stated, that I last attended deceased from Dec. 2 1938 to Feb. 22 1943.
and that I last saw h[illegible] alive on Feb 22 1943

Immediate cause of death Acute Cardiac Dilatation with Pulmonary Edema — Duration 36 hrs.

Due to Chronic Myocarditis — Duration 1 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Zembrzuski M.D.
Address 1802 Foster Ave Date signed 2-22-43

G 01500 #5 BALTIMORE CITY HEALTH DEPARTMENT G 01500

CERTIFICATE OF DEATH 131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Whatcoat St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Whatcoat (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilson Samuels

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	widowed

6 (b) Name of husband or wife Ella Samuels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name James Samuels
13. Birthplace md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Clora Stovall
(b) Address 228 N Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director George B. Kelson
(b) Address 1303 Presstman St

19 (a) [redacted] (b) [redacted]

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-1943, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1943, to Feb 22 1943 and that I last saw him alive on 2-23-1943.

Immediate cause of death Cardiac Dilatation — Duration 2

Due to Cardio, Vascular Renal disease

Due to —

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Wm R. Boykin MD
Address 1135 Eutaw Date signed 2/24/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01501 #5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. G 01501

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 580 W Preston
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 580 W Preston
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Betsey Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Preston Bailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-11-1912

8. AGE: Years: 30 | Months: 3 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Balto.
(Town, county, and state)

10. Usual Occupation: at Home

11. Industry or business

FATHER
12. Name: Robert Chaney
13. Birthplace: md

MOTHER
14. Maiden Name: Flonnie Peaker
15. Birthplace: md

16 (a) Informant: Preston Bailey
(b) Address: 580 W. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (month) (day) (year)
(c) Cemetery or crematory: Laurel
Location:

18 (a) Funeral director: James A Hayes
(b) Address: 1142 Whitelock St

19 (a) [illegible] Harrington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1943 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1943 to Feb 22 1943 and that I last saw h[illegible] alive on Feb 22 1943.

Immediate cause of death: Pulmonary TB — Duration: 4 months

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: [signature]
Address: [illegible] Date signed 2/24/43 M.D.

FEB 25 1943

G 01502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01502

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1234 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 S. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Carolina W. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry B. Johnson
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1883

8. AGE: Years	Months	Days	If less than one day
59	6	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife,
11. Industry or business At Home

FATHER
12. Name Robert D. Long
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine E. Wolfe
15. Birthplace Md.

16 (a) Informant Harry B. Johnson (Husband)
(b) Address 1234 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 S. Charles St.

FEB 24 1943 (Signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1943, at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5, 1941 to Feb 22 1943.
and that I last saw him alive on Feb 22 1943.

Immediate cause of death

	Duration
Uremia	1 day
Due to Nephritis	?
Due to Hypertension	?
Other Conditions Diabetes Mellitus	
Diabetic Coma at Leg	
(Include pregnancy within 3 months of death)	
Date of operation Dec 1939	
Major findings of operation Amputation Left Leg	
of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jno. F. Kline M. D.
Address 2628 E. Monument Date signed 2/23/43

VS 150

G 01503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 01503 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 Clarkson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Clarkson St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie V Angel

3 (b) If veteran, name war No | (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife William D Angel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1864

8. AGE: Years 78 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Neumarket Frederick (town, county, and state) Md

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Milton Sheets
13. Birthplace Md

MOTHER
14. Maiden Name Dorothea Lanon
15. Birthplace Germ

16 (a) Informant Mrs Lillian M Sollers
(b) Address 1402 Clarkson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1943 (month) (day) (year)

(c) Cemetery or crematory Dulaney Valley
Location Baltimore

18 (a) Funeral director J. Howard Evans
(b) Address 1400 St Paul St

19 FEB 24 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1943, at 7:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1943 to Feb. 22 1943, and that I last saw HER alive on Feb. 21 1943.

Immediate cause of death Exhaustion — Duration: 2 days
Due to Cerebral Hemorrhage — 2/13/43
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Campbell M.D.
Address 1644 Hanover St Date signed 2-22-43

VS 150

G 01504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 01504 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1935 Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel J. Pearl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Maud J. Pearl
nee Hamburg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1872

8. AGE: Years 70 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Boiler Maker

11. Industry or business B. & O.

FATHER
12. Name Samuel J. Pearl
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Faulkner
15. Birthplace Md

16 (a) Informant Maud J. Pearl
(b) Address 1935 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25/43 (month) (day) (year)

(c) Cemetery or crematory Westorn
Location Edmondson Ave.

18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 Edmondson Ave

19 (a) Huntington Williams

FEB 26 1943
Vd 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27/43 19 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 19 43 to Feb 22 19 43.
and that I last saw h live on Feb 22 19 43.

Immediate cause of death Coronary Thrombosis — Duration

Due to Hypertension
CV Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Kennard M. D.
Address 1934 Wilkens Date signed 2/24/43

G 01505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 01505

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 W. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 505 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BENJAMIN DUBOIS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary DuBois
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Minnisota (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Clark DuBois
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Mary DuBois
(b) Address 505 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 FEB 24 1943 (b) Registrar's signature Hamilton Williams, MD Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, '43 19 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 42 to Feb 21 1943.
and that I last saw h alive on Feb 21 1943.

Immediate cause of death Aortic insufficiency — Duration 2 yrs
Due to
Due to Chronic Nephritis and arteria sclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young
Address 1424 C Mt. Auburn Ave Date signed 2/23/43 M.D.

G 01506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/a

G 01506 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and John Sts.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 Hamilton Terrace (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Mary Robert Bunning

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1876.

8. AGE: Years	Months	Days	If less than one day
66	7	28	hr. min.

9. Birthplace Alexandria, Virginia (Town, county, and state)
10. Usual Occupation Practical Nurse
11. Industry or business

FATHER
12. Name JOSEPH ROBERT WISE
13. Birthplace MARYLAND

MOTHER
14. Maiden Name MARGARET McCARTHY
15. Birthplace VIRGINIA

16 (a) Informant Mrs Walter Wynne
(b) Address 3611 Crossland Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 26-1943 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location

18 (a) Funeral director Clay J. Evans Sons
(b) Address 118 N. Mt. Royal Ave

19 (a) (Delivered by registrar) (b) Feb 25 1943 Registrar for Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1943, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943, to Feb 24 1943, and that I last saw h[illegible] alive on Feb 12 1943.

Immediate cause of death	Duration
Chronic Constriction pericarditis	2 wks
Due to Arteriosclerotic heart disease	?
Due to Generalized arteriosclerosis	?
Other Conditions Nephrosclerosis Chronic Cholecystitis & Cholelithiasis	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Chronic constrictive pericarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Mildred Gregory M. D.
Address Sinai Hospital Date signed 2/27/43

G 01507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 01507 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 S Paca St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 S Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George H. Stevens

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feby 24, 1899

8. AGE: Years	Months	Days	If less than one day
43	11	30-29	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Helper on Truck of
11. Industry or business Baltimore City

FATHER
12. Name William Stevens
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Alice Smith
15. Birthplace Maryland

16 (a) Informant Mr Joseph E Flaxcomb
(b) Address 611 Wyeth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Laem.
Location End of E North Ave

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins St.

Feb 26 1943 Huntington Williams, M. Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23d 1943, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1943, to Feb 23 1943 and that I last saw him alive on Feb 23 1943.

Immediate cause of death Myocarditis

Due to (over)

Due to

Other Conditions Cardiac Asthma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Scagnetti M. D.
Address 1729 W. Lombard St Date signed 2/24/43

G 01508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B Registered No. G 01508

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 1848 Eagle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nelson Henson 79759

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1884

8. AGE: Years	Months	Days	If less than one day
58	8	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business Belt?

FATHER
12. Name Sam
13. Birthplace Md.

MOTHER
14. Maiden Name Grace Foster
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn Cemetery
Location Baltimore city

18 (a) Funeral director Joseph A. Hurley
(b) Address 4[illegible] Belmont Ave

19 (a) [illegible] (b) Arlington Williams [illegible] Registrar

FEB 24 [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1943, at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 1943 to Feb. 21 1943, and that I last saw h[illegible] alive on Feb. 21 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 1 yr?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Hart
Address Balto City Hosp. Date signed 2/22/43 M. D.

G 01509 ✓ G 01509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1306 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 N. Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Edward Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1942

8. AGE: Years	Months	Days	If less than one day
	5	2	hr. min.

9. Birthplace Bath, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name James Jackson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lester E. Hill
15. Birthplace Baltimore, Md.

16 (a) Informant James Jackson
(b) Address 1306 N Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. Carl H. Holland
(b) Address 1631 Druid Hill Ave.

19 FEB 24 1943 (Date received by Registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7/43 at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/4/43 to 2/7/43.
and that I last saw him alive on 2/4/43

Immediate cause of death
(a) Gastro Enteritis — 4 days
Due to (Primary) (Surgical)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. H. Haskins M.D.
Address 4506 Bidd St Date signed 2/12/43

VS 8

G 01510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33d

G 01510 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 N. Stricker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Travers Johnson
3 (b) If veteran, name war —
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 4, 1871
8. AGE: Years 71 Months 9 Days 26 If less than one day hr. min.
9. Birthplace Calvert Co. Md. (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Plumbers Helper
FATHER 12. Name John W. Johnson
13. Birthplace Calvert Co. Md.
MOTHER 14. Maiden Name Emily W. Brooks
15. Birthplace Calvert Co. Md.
16 (a) Informant Mrs. Rimrod Dodgen
(b) Address 427 N. Stricker St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.
18 (a) Funeral director Mrs. Lee A. Mullen
(b) Address 1636 Druid Hill Ave.
19 (a) FEB 24 1943 (Registrar) (b) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22nd 1943. at M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1943. to Feb 22 1943. and that I last saw h alive on 2-22- 1943.

Immediate cause of death Pneumonia — Duration
Due to Influenza
Due to (Morb)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Evan A. Lucas
Address 601 N. Calhoun St. Date signed 2/24/43 W. D.

VS 1

G 01511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 01511

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins
(c) Hospital or institution:
Hospital for women of Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Prentiss

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-22-43

8. AGE: Years	Months	Days	If less than one day
0			2 hr. 30 min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mr. J. Morgan Stewart Prentiss
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Eleanor Cobb
15. Birthplace Fleeton, Va

16 (a) Informant Mrs. Morgan Prentiss Jr.
(b) Address 511 Guilford Ave
17 (a) Burial
(Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 24 1943
Commissioner of Health
18 (a) Funeral director
(b) Address FEB 24 1943
19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1943 at M
21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1943 to 2-22 1943, and that I last saw her alive on 2-22 1943.

Immediate cause of death	Duration
Prematurity	
30 weeks.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Arthur York
Address Harriet Hospital Date signed 2/23/43

VS 3

9839

G 01512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 01512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, if correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 S. Culver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) D
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 S. Culver St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Matilda C. Bremsteller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8 - 1863

8. AGE: Years	Months	Days	If less than one day
80	—	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Housewife
11. Industry or business

FATHER — 12. Name	Henry Knohr
13. Birthplace	Germany
MOTHER — 14. Maiden Name	Unknown
15. Birthplace	Germany

16 (a) Informant Charles P. Bremsteller
(b) Address 4 S. Culver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27-1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md.

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Pulaski Ave

FEB 25 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1943 at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1939 to Feb 24 1943.
and that I last saw h alive on Feb 23 1943.

Immediate cause of death	Duration
Hypostatic Pneumonia	3 days
Antecedent	
Due to Diabetic Gangrene	1939
Antecedent	
Due to Diabetes Mellitus	1939
Other Conditions Cardiovascular Renal Disease	1939

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Elliot W. Johnson M. D.
Address 3432 Druid Park Date signed 2/24/43

01513 76151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. C 01513

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo-4da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Halstead

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Halstead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1866

8. AGE: Years 76 | Months 6 5 | Days 18 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name Thomas Stivers

13. Birthplace Ohio

MOTHER 14. Maiden Name Mary Covell

15. Birthplace ?

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (month) (day) (year)

(c) Cemetery London Park

Location Balto. Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St Paul St

FEB 25 1943 (Date received by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1943 at 9 30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 8-18 1942 to 2-22 1943 and that I last saw h[illegible] alive on 2-22 1943

Immediate cause of death Bronchopneumonia — Duration 2 Days

Due to

Due to

Other Conditions Cerebral thrombosis — 5 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.

Address Balto City Hosp Date signed 2-23-43

VS 180

G 01514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 01514

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 936 E. Biddle St
(c) Hospital or institution: 10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 936 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES EWING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ wife Addie Ewing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3rd 1864

8. AGE: Years	Months	Days	If less than one day
78	10	20	hr. min.

9. Birthplace Iowa
(Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business American Can Co

FATHER
12. Name Samuel Ewing
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Addie Ewing
(b) Address 936 E. Biddle St

17 (a) Burial (b) Date thereof 2/26/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St.
(Date rec'd by registrar) (Huntington-Williams Co.)

FEB 25 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1943 at 3:4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1943 to 2/20 1943, and that I last saw h~~im~~ alive on 2/20 1943.

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to Heart Disease Myocarditis	years
Due to Hypertension	years
Other Conditions Right hemiplegia	6 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S Zorentrauss M. D.
Address 1304 E. Chase St Date signed 2/24/43

G 01515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 01515 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Edgewood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Kate Wasmus.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 8 1863

8. AGE: Years 80 | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Receiving Clerk

FATHER 12. Name Frederick Wasmus

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah M. McDonough

15. Birthplace Md.

16 (a) Informant Mrs Ida V. Pelk

(b) Address 3901 Edgevale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/43 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St.

19 (a) [illegible] (Registrar) (b) Huntington Williams M.D. Registrar

FEB 25 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/24 1943, at 6 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 1943, to 2-24 1943, and that I last saw her alive on 2-24 19 43

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to: Arteriosclerosis C-V. D.'s.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L J Kriegh M.D.

Address Bon Secours Hosp. Date signed 2/24/43

G 61516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 61516

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3425 Kenyon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hannah WAGNER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of husband: Louis Wagner Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1876

8. AGE: Years 66 | Months 10 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Walther
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace

16 (a) Informant John E. Wagner
(b) Address 3425 Kenyon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

FEB 25 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 19 43 at 2:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14 19 43 to 2/14 19 43, and that I last saw her alive on 2/14 19 43.

Immediate cause of death: Cerebral Thrombosis

Due to: Arteriosclerotic heart disease

Due to:

Other Conditions: Postop. neutral Lumia (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed 2/24/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 61517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. 5422

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 John St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 John St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Lenschow

3 (b) If veteran, name war —

3 (c) Social Security Account No. — — —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 11th 1866

8. AGE: Years 76 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Teacher

11. Industry or business Balto City Schools

FATHER
12. Name Charles Lenschow
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Trautwein
15. Birthplace Germany

16 (a) Informant Eleanore Lenschow
(b) Address 1519 John St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) FEB 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24th 1943. 4:45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 8 1942 to Feb 24 1943. and that I last saw h[illegible] alive on Feb 23. 1943.

Immediate cause of death
Chronic Myocarditis — Duration 2 yrs.
Due to
Due to Old age.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C Blake M. D.
Address Med. Arts Bldg. Date signed

C 01518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. C 01518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1051 W. Barre St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1051 W. Barre St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura V. Thater

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: John V. Thater
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 10th 1874
8. AGE: Years 68 | Months 3 | Days 13 | If less than one day hr. min.
9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Downey
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Thaband
(b) Address 1051 W. Barre St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/43 (month) (day) (year)
(c) Cemetery ~~or Crematory~~ Mt Olivet
Location Balto Md
18 (a) Funeral director William Cook Inc
(b) Address 627 St. Paul St
19 (d) FEB 25 1943 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23rd 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Feb 23 1943 and that I last saw h~~im~~ alive on Feb 23 1943

Immediate cause of death	Duration
Uremia	
Due to Chronic Nephritis	
Due to Prostate Medicus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — M
(c) Where did injury occur?
(City ~~or town~~) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J Stone M. D.
Address 76 Walton St Date signed 2/27/43

VS 150

2/27/43

G 01519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04519 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 Madison Ave
Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH H BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1883

8. AGE: Years	Months	Days	If less than one day
59	7	10	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)
10. Usual Occupation Butler
11. Industry or business

FATHER
12. Name Thomas Brown
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Susan Kent
15. Birthplace Annapolis, Md.

16 (a) Informant Henrietta Benson
(b) Address 2126 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Balto. Md.

18 (a) Funeral director Mrs. Chas. H. Wallace
(b) Address 1631 Druid Hill Ave

19 (a) [illegible] FEB 25 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1943, at 12:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertension
Due to Cerebral Hemorrhage
Due to
Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-24-43

VS 6

G 01520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01520 Registered No. 1316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Underline the correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 N. Fulton Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? (No.) years

3 (a) FULL NAME Howard Wynne Ennis

3 (b) If veteran, name war — no —

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug-30-1884

8. AGE: Years 58 | Months 5 | Days 25 24 | If less than one day: hr. min.

9. Birthplace Cincinnati-Ohio
(Town, county, and state)

10. Usual Occupation Teacher-(retired)

11. Industry or business —

FATHER
12. Name Henry Ennis
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna L. Sanders
15. Birthplace Maryland

16 (a) Informant Miss Anna M. Ennis (sister)
(b) Address 626 N. Fulton Ave

17 (a) Burial **(b) Date thereof** 2-26-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Edward Mann Co.
(b) Address 108 W. Monument

19 (a) FEB 25 1943 Huntington Williams M.D.
(Registrar's signature) (Deputy Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1943, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943 to Feb 24 1943, and that I last saw h/ alive on Feb 24 1943.

Immediate cause of death
(a) Cer. Myocarditis
(b) Chr. Nephritis
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. E. Shannon M.D.
M. D.
Address 820 Med. Arts Bldg. **Date signed** 2/24/43

G 01521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 01521 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1728 Clarkson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 E. Clarkson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Edna M Lilly
3 (b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, (married) widowed, or divorced.
FEMALE	White	

6 (b) Name of husband or wife Wilbert A Lilly
6 (c) If alive, give age 39 years
7. Birth date of deceased (mo., day, yr.) Sept 10 - 1903

8. AGE: Years	Months	Days	If less than one day
39	5	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business None.

FATHER
12. Name George Bangert
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lillian Green
15. Birthplace Baltimore Md

16 (a) Informant Wilbert A Lilly
(b) Address 1729 Clarkson St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location
18 (a) Funeral director Charles P Powell
(b) Address 2727 Edmondson Ave
19 (a) FEB 25 1943 (Signature of Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1943, at 3:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1943 to Feb. 24 1943, and that I last saw h&s alive on Feb. 24 1943.

Immediate cause of death: Congestive Heart Failure — Duration
Due to Hypertensive Cardio-Vascular Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Willard Applegarth M. D.
Address 101 of America Date signed

VS 1

G 01522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 01522

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1209 S. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 E. West St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. O'Brien

3 (b) If veteran, name war: yes World War I
3 (c) Social Security Account No. None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Eva Wilder O'Brien
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 25, 1892
8. AGE: Years 50 Months 10 Days 29 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and State)
10. Usual Occupation Automobile Refinishing
11. Industry or business Garage Shop
FATHER 12. Name Patrick O'Brien
13. Birthplace Ireland
MOTHER 14. Maiden Name Emma Harla
15. Birthplace Baltimore Md.
16 (a) Informant Miss Elizabeth Scheue
(b) Address 115 E. West St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26/43 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location 4300 Old Frederick Rd
18 (a) Funeral director Ehrer McConkey & Son
(b) Address 924 E. Layer St.
19 (a) FEB 25 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23rd. 1943. at 12:30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to Feb 23 1943, and that I last saw him alive on Feb 23 1943.

Immediate cause of death	Duration
Coronary occlusion	1 hour.
Due to arteriosclerosis	5 years
Due to	
Other Conditions Hypertension (Include pregnancy within 3 months of death)	2 years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Isaac Miller M.D. M. D.
Address 124 S. Charles Date signed 2/24/43.

VS 3

G 01523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01523
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3614 E. LOMBARD ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3614 E. LOMBARD ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISE M. DIETRICH

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: OSCAR L. DIETRICH

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JUNE 22 1861

8. AGE: Years: 81 | Months: 8 | Days: 1 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: JOHN P. SOMMER
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: MARY B. WIRTH
15. Birthplace: GERMANY

16 (a) Informant: MARY C. KRAUS (SISTER)
(b) Address: 3614 E. LOMBARD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 26/43 (month) (day) (year)
(c) Cemetery or crematory: MT. OLIVET
Location: FREDERICK AVE.

18 (a) Funeral director: Lilly and Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) 2/25/43 (Date rec'd by registrar) (b) Registrar

VS.8

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 23 1943, at 10/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1943, to 2-23 1943, and that I last saw her alive on 2-23 1943.

Immediate cause of death: arteriosclerotic heart disease

Due to: arteriosclerosis.

Due to:

Other Conditions: Hypertension Senility
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 1 E Eastern Date signed 2-23-43

G 01524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2429 Mc Elderry
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 81 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Ellingham

3 (b) If veteran, name war	3 (c) Social Security Account No. No Number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
M	W	Married	Margaret Ellingham	years

7. Birth date of deceased (mo., day, yr.) May 20/1861

8. AGE: Years	Months	Days	If less than one day
81	9	24	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Mariner
11. Industry or business Capt. tug boat

FATHER
12. Name Chas L Ellingham
13. Birthplace Baltimore Germany

MOTHER
14. Maiden Name Julia —
15. Birthplace Germany

16 (a) Informant 2429 McElderry
(b) Address Margaret Ellingham

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location City

18 (a) Funeral director Welsh Funeral Home
(b) Address 2004-6 Allegheny

19 (a) FEB 25 1943 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/24/43, at 4 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1942 to Feb. 24 1943 and that I last saw him alive on Feb. 23, 1943.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	1 yr.
Due to	
Due to	
Other Conditions Right Hemiplegia	1 yr.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Ellingham
Address 1613 E. North Ave Date signed 2-24-43

G 01525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115c

G 01525 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 140 S Clinton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 140 S Clinton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Gorczewicz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1911

8. AGE: Years	Months	Days	If less than one day
31	9	11	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Theo Gorczewicz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Frances Base
15. Birthplace Baltimore

16 (a) Informant Mrs Frances Gorczewicz
(b) Address 140 S Clinton St

17 (a) Burial (b) Date thereof 2/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Baltimore St

19 (a) FEB 25 1943
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22/43 19 , at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941, to 2-22 1943, and that I last saw h[illegible] alive on 2-22 1943.

Immediate cause of death: Septicaemia — Duration: 2 days
Due to: Peritonitis abscess — 1 week
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J Gould M. D.
Address 142 N Edst Date signed 2-23-43

G 01526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125B

G 01526 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Any supplementary correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5611 Key Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 19
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5611 Key Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eligobeth K. Snyder

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Bruce Snyder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 1865

8. AGE: Years 77 | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace Chambersburg Pa. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Christ Elser
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah Householder
15. Birthplace Pa.

16 (a) Informant Mrs Edamira Hart
(b) Address 5611 Key Ave

17 (a) Removal (Burial, cremation, or removal) **(b) Date thereof** 2/25/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Grove Cem.
Location Chambersburg Pa

18 (a) Funeral director Mellegan & Dickens + Sons
(b) Address Roch + Pennsylvania Ave

19 (a) (Date received by Registrar) **(b)** Registrar

FEB 25 1943

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 19 43 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1943 to Feb 24 1943, and that I last saw h alive on Feb 24 1943.

Immediate cause of death	Duration
Myocardial Infarction	1 da
Due to C.P.C. Liver.	2 yrs
C.P.C. Lungs.	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E W Dorman M. D.
Address 506 N Patterson Ave Date signed Feb 24 43

G 01527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01527 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Duaster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Donna Hack Duasters (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1885

8. AGE: Years 57 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Meat Cutter

11. Industry or business Wagners Meat Market

FATHER
12. Name Henry Duaster
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Janetzke
15. Birthplace Germany

16 (a) Informant Mrs. Donna Duaster
(b) Address 2916 Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave. Balto. Md

18 (a) Funeral director Harry H. Kuttle
(b) Address 401 E Edmondson Ave

19 (a) FEB 25 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22/43 19 , at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 19 1943 to Feby 22 1943 and that I last saw him alive on Feby 22 1943.

Immediate cause of death: Cardiac Decompensation — Duration: Feby 21 1943

Due to:

Due to:

Other Conditions: Chronic Nephritis — a Number 7 years

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morris B. Green M. D.
Address 3009 Evergreen Ave Date signed 2/24/43
Baltimore - Maryland

VS 150

G 01528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01528 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 Chauncey Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Chauncey Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillie Levy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jacob L. Levy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 69 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace New York, N.Y. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Chaney Panitz
13. Birthplace Poth

MOTHER 14. Maiden Name Pearl –
15. Birthplace Poth

16 (a) Informant Herbert Levy (Son)
(b) Address 909 Chauncey Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (month) (day) (year)
(c) Cemetery or crematory Brotherly Love
Location "
18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 (a) (D[illegible] FEB 25 1943 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24-43 1943 P. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1942 to Feb. 24 1943, and that I last saw her alive on Feb. 24 1943.

Immediate cause of death: Hypertensive Cardio-Vascular Disease — Duration: Years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saml Wolman M. D.
Address 1814 Eutaw Pl. Date signed 2-25-43

G 61529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calow & Wilkins Ave
(c) Hospital or institution St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3917 Wilkins Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John Fritsch (Fritsch)
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-09-7615

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Minna Fritsch
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 26, 1874
8. AGE: Years 68 | Months 3 | Days 27 | If less than one day hr. min.
9. Birthplace Mt. Europe (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Schloss & Son

FATHER
12. Name Unknown
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Geo. J. Fritsch
(b) Address 3917 Wilkins Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory Bal. Lawn
Location Baltimore
18 (a) Funeral director Philip Henri Sons
(b) Address 2024 Orleans St
19 (a) FEB 25 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1943, at 4:10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1943 to Feb. 23 1943, and that I last saw him alive on Feb 23 1943.

Immediate cause of death Coronary Thrombosis — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C. Luther Cornberg M.D.
Address St. Agnes Hosp. Date signed 2/25/43

VS 180

G 01530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G 01530 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3828 Foster Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days) 74yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3828 Foster Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jefferson D. Creswell

3 (b) If veteran, name war: | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine J. Creswell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17- 1861

8. AGE: Years	Months	Days	If less than one day
81	8	6	hr. min.

9. Birthplace Balto. Co. (Town, county, and state)
10. Usual Occupation
11. Industry or business retired

FATHER
12. Name John L. Creswell
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Mary A. Wells
15. Birthplace Balto. Co.

16 (a) Informant Howard Creswell Sr.
(b) Address 3828 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory Union Chapel
Location Balto. Co.

18 (a) Funeral director Philip Herring Sons
(b) Address 2424 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar
FEB 26 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1943 at 4:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1- 1943, to 2-23- 1943, and that I last saw h[illegible] alive on 2-23- 1943.

Immediate cause of death	Duration
Myocardial Degeneration	
Chronic Nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen C. Grantham, M. D.
Address 3798 E. Baltimore St Date signed 2-24-43

G 01531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52N

G 01531 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD AND CALVERT STS.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 MO.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 CATHEDRAL STREET (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY GABRIEL BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 3, 1923

8. AGE: Years	Months	Days	If less than one day
19	4	20	1 hr. min.

9. Birthplace INDIANA (Town, county, and state)

10. Usual Occupation STUDENT

11. Industry or business

FATHER
12. Name MR. Thomas Brown
13. Birthplace Ohio

MOTHER
14. Maiden Name Ella Tester
15. Birthplace Indiana

16 (a) Informant Hospital Admission Sheet
(b) Address Union Memorial Hospital

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/26/43 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln Cem.
Location Prince Geo. Co. Md.

18 (a) Funeral director John J. Mitchell & Sons, Inc.
(b) Address 1400 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1943 at 1:24 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1943 to Feb 24 1943 and that I last saw her alive on Feb 24 1943.

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to Malnutrition	
Due to HYPERNEPHROMA left	at least 5 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Dec. 10, 1942
Major findings of operations: Hypernephroma left.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James N. McCoat Jr. M. D.
Address Union Memorial Hosp. Date signed 2-27-43

G 01532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G 01532 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 35 S. Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 S. Highland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Fischer

3 (b) If veteran, name war —
3 (c) Social Security Account No. — No. 2

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Gertrude Fischer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1882

8. AGE: Years	Months	Days	If less than one day
60	5	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Gertrude Fischer
(b) Address 35 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore, Md.

18 (a) Funeral director Dunnard L. Covington
(b) Address 21 W. 25th St.

19 (a) FEB 25 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1943, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1941, to 2-22 1943, and that I last saw h— alive on 2-22 1943.

Immediate cause of death: Myocardial degeneration — Duration
Due to Hypertensive heart disease
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Gundry M. D.
Address 14 N Eutaw Date signed 2-24-43

VS 1

#50214

G 01533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8/a

G 01533
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2593 E. Fayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond Bochniak
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-42

8. AGE: Years	Months	Days	If less than one day
	6	-	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Joseph Bochniak
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Behnowska
15. Birthplace Md.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozyazynski
(b) Address 1930 Eastern Ave

19 (a) FEB 25 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1943 at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1943, to Feb 25 1943, and that I last saw h[illegible]live on Feb 25 1943.

Immediate cause of death	Duration
Pneumococcal meningitis	
Due to	
Due to	
Other Conditions Thrombophlebitis R. arm & L. leg	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Johnson M. D.
Address Johns Hopkins Hosp Date signed 2/26/43

VS 150

G 01534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 01534
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 William St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 William St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME: Concordia Amoscato

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: late Pauline.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jul. 24 1874

8. AGE: Years 68 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace: Gretiere Italy
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business:

FATHER
12. Name: Antonino Amoscato
13. Birthplace: Italy

MOTHER
14. Maiden Name: Anna Cascio
15. Birthplace: Italy

16 (a) Informant: Frank Bianca (Son in Law)
(b) Address: 1115 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Old Frederick Rd. Balt. Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Stanley st.

19 (a) [illegible] (b)
(Signature of local registrar)
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/23 1943 at 1:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to Feb 23 1943, and that I last saw h alive on 1943.

Immediate cause of death: Coronary occlusion — Duration: 1 hour

Due to: arteriosclerosis — 3 yrs.

Due to:

Other Conditions: Angina Pectoris — 2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Isaac Miller M. D.

Address: 125 S Charles St Date signed 2/24/43

G 01535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

166

G 01535 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Do not guess, but give correct age in each case. Dates should be exact. Information as to birthplace is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 Greenmount Ave
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Greenmount Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife Edward Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1908

8. AGE: Years	Months	Days	If less than one day
34	11	2	hr. min.

9. Birthplace Emmitsburg, Md.
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Craig
13. Birthplace Emmitsburg, Md.

MOTHER
14. Maiden Name Maria Richardson
15. Birthplace Emmitsburg, Md.

16 (a) Informant Clarence Craig
(b) Address 617 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory Emmitsburg Md.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 FEB 25 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1943, at 10:25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Multiple gunshot wounds of abdomen, chest + arm.	
Due to	
Due to Hemorrhage & shock	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2-21-43 at 8 P M
(c) Where did injury occur? 617 Greenmount Avenue (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House While at work? No
(Specify type of place)
(e) Means of injury Bullets

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-23-43

G 01536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01536 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 N. Fremont
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 N. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Goeds Brough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Arthur Goeds Brough

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17 1884

8. AGE: Years 58 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Mary Jane Saunders
15. Birthplace Md.

16 (a) Informant Arthur Goeds Brough
(b) Address 501 N. Fremont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 333 N Schroeder St.
(Signature of registrar) Huntingdon Williams

FEB 25 1943
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1943 to Feb 21 1943, and that I last saw h alive on Feb 20 1943.

Immediate cause of death (Entire conditions, if any, giving rise to death) Acute Broncho Pneumonia (Primary) — Duration

Due to

Due to

Other Conditions Hypostatic Congestion Mitral Obesity
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Saunders M.D.

Address 1122 N Lee Date signed Feb 25 43

G 01537 ✓ G 01537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be obtained. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 792 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 792 W. Franklin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lindsay Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-4142

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widow

6 (b) Name of husband or wife Georgia Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 12 1890

8. AGE: Years	Months	Days	If less than one day
42	11	10	hr. min.

9. Birthplace Westmoreland Va (Town, county, and state)
10. Usual Occupation Roofer
11. Industry or business do

FATHER
12. Name Ed. Gray
13. Birthplace Va

MOTHER
14. Maiden Name Lucas
15. Birthplace Va

16 (a) Informant Geo Gray
(b) Address 792 Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25, 43 (month) (day) (year)
(c) Cemetery or crematory W.B. Zion Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 FEB 25 1943 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1943, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1943 to Feb 22 1943, and that I last saw h alive on Feb 21 1943.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unknown
Due to Infection	
Due to Tb Meningitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Norwood M. D.
Address 939 Fayette St. Date signed Feb 25 1943

G 01538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01538

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2535 Calverton Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2535 Calverton Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Loch Weems, Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No. 705-10-4057

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace E. Weems
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) December 3, (1881) 1882

8. AGE: Years	Months	Days	If less than one day
60 61	2	20	hr. min.

9. Birthplace Mutual, Calvert Co., Md.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Baltimore & Ohio RR

FATHER
12. Name James Loch Weems
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Mary Alice Ireland
15. Birthplace Calvert Co., Md.

16 (a) Informant Mrs. Grace E. Weems
(b) Address 2535 Calverton Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Christ Church Cemetery
Location Mutual, Calvert County, Md.

18 (a) Funeral director Phillips Funeral
(b) Address 1005 W. Baltimore St.

19 (a) FEB 25 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1943, at 9.52 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27, 1942 to Feb. 20, 1943, and that I last saw him alive on Feb. 20 1943.

Immediate cause of death Cachexia
resulting from intestinal
obstruction.
Due to Generalized abdominal
carcinomatosis.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Jan. 15, 1943
Major findings of operations: Generalized
carcinomatosis.
of autopsy: Not done.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Ira E. Bowen Jr. M. D.
Address 5508 Edmondson Ave Date signed 2/24/43

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 01539 **CERTIFICATE OF DEATH** 46F G 01539

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. 403 S. Madeira St. / Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Stephen Zaworski If U. S. Veteran specify WAR

(a) Residence: No. 403 S. Madeira St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Kowalski Zaworski

6. DATE OF BIRTH (month, day, year) February 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Son

(Address) 407 S. Madeira Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date 2/26/43, 19

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St.

20. FILED , 19 Registrar

FEB 25 1943 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 19 43

22. I HEREBY CERTIFY, That I attended deceased from Oct, 19 42, to Feb 23, 19 43

I last saw h[illegible] alive on Feb. 23, 19 43 Death is said to have occurred on the date stated above, at 11:[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver.	1942

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George D. Lipsy, M. D.

(Address) 4[illegible] E. Pattenson Park

Y-01540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 472

Registered No. Y-01540

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 801 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT BLACK

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1898

8. AGE: Years	Months	Days	If less than one day
44	11	7	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Black
13. Birthplace Nc.

MOTHER
14. Maiden Name Lizzie ?
15. Birthplace N. C.

16 (a) Informant Mrs Lizzie Walton
(b) Address 702 Bradley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Co., Md

18 (a) Funeral director M & J Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (Date received by registrar) FEB 25 1943 Huntington Millwood, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22, '43 19 , at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to Feb 22 1943 and that I last saw him alive on Feb 22 1943.

Immediate cause of death	Duration
Pulmonary Carcinoma	10 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Watts
Address 5154 Clayton Date signed Feb 24 '43 M. D.

G 01541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

G 01541 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 4 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Bel Air Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Moses Benson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widower

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Valet

11. Industry or business

FATHER
12. Name William Benson
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Dr Edwards Richardson
(b) Address Bel Air, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 27/43 (month) (day) (year)
(c) Cemetery or crematory Charles Chapel
Location Harford Co Md

18 (a) Funeral director Bacon & Foster
(b) Address Bel Air Md

FEB 25 1943

(b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1943 at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1943 to Feb 25 1943 and that I last saw h/ M alive on Feb 25 1943

Immediate cause of death Uremia — Duration 1 mo.

Due to Benign prostatic hypertrophy — years

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams

Address Harford Hosp. Date signed 2-25-43

G 01542

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01542
Registered No.

CERTIFICATE OF DEATH 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use middle initial if known. Fill in all spaces. Physicians: please write the causes of death clearly and legibly. Use no abbreviations. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2132 Mt. Royal Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

B-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 Mt. Royal Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALTER S. GEIST

3 (b) If veteran, name war —
3 (c) Social Security Account No.?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Dorothy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1886

8. AGE: Years	Months	Days	If less than one day
57	4 5	?	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Broker.
11. Industry or business Candy Business

FATHER
12. Name Abraham Geist.
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Hoff.
15. Birthplace Pa

16 (a) Informant Mrs. Mary Geist
(b) Address 2132 Mt Royal Ter,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory Greenwood
Location Lancaster Pa.

18 (a) Funeral director Geo. Ly. Berger Jr
(b) Address 1512 Hollins St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

FEB 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1943, at 3 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1943 to date 19 , and that I last saw him alive on Feb 24 1943.

Immediate cause of death

Coronary occlusion

	Duration
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L. Wollenweber M.D. M. D.
Address 3301 N. Charles St Date signed 2-24-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 01543

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 to 2
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 N. Milton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E. Arthur

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~Edwin~~ Arthur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10th 1862

8. AGE: Years	Months	Days	If less than one day
80	8	13	hr. min.

9. Birthplace Jarrettsville Md.
(Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Mark Strangle
13. Birthplace Alsaas, Lorraine

MOTHER
14. Maiden Name Mary Rhorich
15. Birthplace Germany

16 (a) Informant Charles L. Arthur
(b) Address 1623 N. Milton Ave

17 (a) Burial (b) Date thereof 2/26/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

FEB 26 1943 Huntington Williams M.D.
(Local Registrar)

VR 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23rd 1943, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1941 to Feb 1943 and that I last saw h[illegible] alive on Feb. 23 1943.

Immediate cause of death: Gangrene, rt. leg — Duration 8 days

Due to Embolism

Due to Arteriosclerotic Heart Disease, Auricular Fibrillation

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Granger

Address 1402 E. Lanvale St. Date signed 2-25-43

G 01544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 01544 Registered No.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2429 Keyworth Ave
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2429 Keyworth Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CAROLINE SMITH WOOD

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ FREDERICK W. WOOD
6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) July 5 1862

8. AGE: Years	Months	Days	If less than one day
80	7	19	hr. min.

9. Birthplace Quincy, Massachusetts (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Frederick Chadbourne Smith
13. Birthplace Gorham, Maine

MOTHER
14. Maiden Name Elvira Sumner Crane
15. Birthplace Dorchester, Massachusetts

16 (a) Informant F. Brayton Wood
(b) Address 2429 Keyworth Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 26 43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Location Towsend Mass

18 (a) Funeral director Henry N. Jenkins & Son
(b) Address 1201 McCulloh & Orchard Sts.

19 (a) FEB 25 1943 (Date rec'd by registrar) (b) Huntington for Williamsport

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Many 19 to Feb 24 1943 and that I last saw h. alive on Feb 25 1943

Immediate cause of death	Duration
Coronary occlusion (3rd attack)	half hr
Due to Arteriosclerosis	Several yrs
Due to Hypertension & Senility	"
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Craig H. Stamp M.D.
Address 3406 Gilmanton Date signed Feb 25 43

01545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 01545 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1285 WILLIAM ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 1285 WILLIAM ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH KOTMAIR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-4975

4. Sex: FEM. | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) FEB. 5. 1896

8. AGE: Years 47 | Months 0 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation SEAMSTRESS

11. Industry or business THE GOLDMAN CO

FATHER
12. Name JOSEPH L. KOTMAIR
13. Birthplace BALTO MD.

MOTHER
14. Maiden Name BARBARA EISEL
15. Birthplace BALTO MD

16 (a) Informant JOS L KOTMAIR
(b) Address 1285 WILLIAM ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-27-43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A. A. Co.

18 (a) Funeral director Bernard C Hartz
(b) Address 121 E West St

19 (a) FEB 25 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 23 1943, at 5.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939 to Feb 23 1943, and that I last saw h er alive on Feb. 22 1943.

Immediate cause of death: Carcinoma, Lumbo-Sacral Vertebrae — Duration: 3 yrs

Due to: Carcinoma left breast

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 2/25/43 M. D.

PLEASE PRINT IN PENCIL, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 01546

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Madison Ave
(c) Hospital or institution: No.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Madison Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Race Negro

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8 1879

8. AGE: Years 63 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Upper Marlboro Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Michael Jones
13. Birthplace Upper Marlboro Md

MOTHER
14. Maiden Name Mariah Clark
15. Birthplace Upper Marlboro Md

16 (a) Informant Estella Howard
(b) Address 2211 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md.

18 (a) Funeral director Wm. Geo. A. Upchurch
(b) Address 1601 Druid Hill Ave

19 (a) 2/25/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1943 at 5:10 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 19 1943 to Feb 23 1943 and that I last saw alive on Feb 23 1943.

Immediate cause of death Lobar Pneumonia — Duration 5 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Link, M.D.
Address North Arlington, Va. Date signed Feb 27 1943

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01517

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01517
Registered No.

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2722 W. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2722 W. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Lee Porter

3 (b) If veteran, name war ----

3 (c) Social Security Account No. 214-03-2669

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Jennie May Porter
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 18, 1882

8. AGE: Years	Months	Days	If less than one day
60	8	6	hr. min.

9. Birthplace St. Michaels Md.
(Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business Retired 5 Yrs.

FATHER
12. Name Thomas J. Porter
13. Birthplace St. Michaels Md.

MOTHER
14. Maiden Name Anne G. Carey
15. Birthplace Wye Md.

16 (a) Informant Mrs. Jennie May Porter
(b) Address 2722 W. Lanvale St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 (a) FEB 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1943, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in person (Autopsy or Inquiry) thereon and from the evidence obtained by said in person (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb 25 1943

VS 8

CAUTION: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01548 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Daytona Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. 155 S. Pensacola Drvie (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Frederick Doering

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wt.	single

6 (b) Name of husband or wife Illinois
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1864

8. AGE: Years	Months	Days	If less than one day
78 (78)	3	8	hr. min.

9. Birthplace Illinois (Town, county, and state)
10. Usual Occupation Retired Druggist
11. Industry or business self

FATHER
12. Name Henry L. Doering
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Wangard
15. Birthplace Switzerland

16 (a) Informant Mrs. Paul C. Shipley
(b) Address Bradford Apts. 3301 St. Paul St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/26/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address [illegible]to., Md.

19 (a) FEB 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25-43 19 , at 12 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1943 to 2-25 1943, and that I last saw him alive on 2-25 1943.

Immediate cause of death Cardio-Respiratory failure

Due to Generalized Carcinomatosis

Due to Primary carcinoma of rectum

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. MacVane, Jr. M.D.
Address Union Memorial Hosp. Date signed 2/26/43

Morgue G 01519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 01519 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 Dillon St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Marshall

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	White	Married

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47				

9. Birthplace Penn. (town, county, and state)
10. Usual Occupation Labor
11. Industry or business —

FATHER
12. Name William
13. Birthplace Penn

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Thomas Marshall
(b) Address 2712 Dillon st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 27 43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location German Hill Rd.

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St

19 (a) FEB 25 1943 (Date received by Registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH Feb. 24 1943, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & an inquiry thereon and from the evidence obtained by said autopsy & inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage, spontaneous — Duration
Due to —
Due to —
Other Conditions old hemiplegia
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb 25 1943

VS 6

Every item of information should be checked for accuracy, while UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and

G 01550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 01550 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 LINDEN AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 LINDEN AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JONAS GREENBLATT

3 (b) If vet[redacted] war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife ELLA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant MR. HARRY BERNSTEIN
(b) Address 2407 LINDEN AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory BNAI ISRAEL
Location SOUTHERN AVE

18 (a) Funeral director Jack Lewis Inc.
(b) Address 2100 EUTAW PLACE

19 (d) FEB 25 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25-43 19 at 3 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7- 1942 to 2/25 1943
and that I last saw h[redacted]live on 2/43 1943.

Immediate cause of death: Acute coronary thrombosis — Duration 1 hr

Due to: Chr. arteriosclerosis — yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester B. Link

Address 704 Rem. & R. Date signed 2/26/43 M. D.

VS 150

G 01551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01551 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Ho
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 2
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 Brookfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Wolf

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Raphael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 66 | Months | Days | If less than one day: hr. min.

9. Birthplace Riga (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Riga

MOTHER
14. Maiden Name Benzi
15. Birthplace Riga

16 (a) Informant Hosp. Record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hwy & Hamilton Ave

18 (a) Funeral director Jack Levy Co.
(b) Address 1429 E. Balto St

19 (a) FEB 25 1943 (Date received) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1943, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1943 to Feb 25 1943 and that I last saw her alive on Feb 25 1943.

Immediate cause of death: Circulatory failure — Duration
Due to: Arteriosclerotic C.V.D.
Due to:
Other Conditions: Diabetes mellitus, Nephrosclerosis - Abdominal aneurysm
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lowitz M.D.
Address Sinai Hospital Date signed 2/25/43

correct age is especially important. Physicians: please write the causes of death clearly and

G 01552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 309

Registered No. G 01552

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 N. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Goden (GODEN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife ALAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER
12. Name Jacob Heft Cowan
13. Birthplace Russia

MOTHER
14. Maiden Name Lena Berman
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) FEB 25 1943 (Date rec'd by Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1943, at 9 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943, to Feb. 25 1943, and that I last saw her alive on Feb 25 1943.

	Duration
Immediate cause of death Cholemia	
Due to Toxic Hepatitis	
Due to Morphine	
Other Conditions Patent Duct	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Toxic Hepatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Katz
Address Sinai Hosp Date signed 2-25-43

VS 3

Please write plainly, with unfading ink. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

G 01553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

Registered No. G 01553

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2113 Guilford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Mustagh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/8/66

8. AGE: Years	Months	Days	If less than one day
77	—	—	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation
11. Industry or business Housekeeper

FATHER — 12. Name	John Mustagh
FATHER — 13. Birthplace	Ireland
MOTHER — 14. Maiden Name	Unknown
MOTHER — 15. Birthplace	Ireland

16 (a) Informant Mr. Chas Kavenaugh
(b) Address 2113 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Lawn
Location

18 (a) Funeral director Mary M. Medford
(b) Address 521 E. 32nd St. Williams

19 (a) FEB 25 1943 (Date rec'd by Registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24th 1943, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1st 1943, to Feb 24th 1943, and that I last saw her alive on Feb 23 1943.

Immediate cause of death: Myocarditis — Duration: Probably 6 months
Due to: Unknown
Due to: —
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Conrad Bode M. D.
Address 1900 Maryland Ave Date signed 2/25/1943

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and

G 01554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 01554 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Gold St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Z Aleane Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C C	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	1	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Roosevelt N. Smith
13. Birthplace Weirs, Virginia

MOTHER
14. Maiden Name Aleane Gomez
15. Birthplace Baltimore Md

16 (a) Informant Aleane Smith
(b) Address 708 Gold St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St

19 (a) (b) Huntington Robinson, Registrar
FEB 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 24 1943 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16-1943 to 2-24-1943, and that I last saw him alive on 2-24-1943.

Immediate cause of death Atelectasis
Malnutrition — Duration 42 days

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. E. Wilson M. D.
Address Provident Hospital Date signed 2-25-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

180

G 01555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 N. Arlington Ave.
(c) Hospital or institution: Provident Hosp. 18 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Coleman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-22-1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	3	2		

9. Birthplace Northumberland Co., Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Sinicky Ophy
13. Birthplace Virginia

MOTHER
14. Maiden Name Lucy ?
15. Birthplace

16 (a) Informant Leonard Coleman
(b) Address 521 N. Arlington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Com
Location Baltimore County Md

18 (a) Funeral director William A Jackson
(b) Address 846 Pennsylvania ave

19 (a) (Date rec'd by registrar) FEB 25 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1943, at 3 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation due to soot from conflagration

Burns 1st + 2nd degree burns face & face and left arm

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 24 1943 at 3 P M
(c) Where did injury occur? 521 Arlington Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Explosion of oil stove

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 25 1943

VS 4

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Morgan G 01556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

Registered No. G 01556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp 2-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 S. Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anthony Rawa

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-0615

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business Int. Longshoremen

FATHER
12. Name Anthony Rawa
13. Birthplace Poland

MOTHER
14. Maiden Name Jozefa Kozlowski
15. Birthplace Poland

16 (a) Informant: Stanislaus Rawa (Brother)
(b) Address 508 So. Wolfe street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George R. Weber.
(b) Address 705 So. Ann St

19 (a) [illegible] (b) Hunting for Mitchell, M.D. Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1943, at 1 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. (Medical Examiner)
Date signed Feb 25 1943.

(2) G 01557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G 01557 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2008 E. Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Hajek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-22-80

8. AGE: Years	Months	Days	If less than one day
62	8	1	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anton Mikes
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Frank Hajek (Husband)
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Phila. Rd. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) [illegible] (b) [illegible] Huntington for Williams, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1943 3:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1943 to Feb 23 1943 and that I last saw her alive on Feb. 23 1943

Immediate cause of death Cardiac failure. Pulmonary Edema

Due to Rheumatic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Findings of autopsy: Pulmonary infarcts, mitral

Duration about 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E. E. Zhemtchuzhin
Address Johns Hopkins Hosp. Date signed 2/27/43

(1) G 01558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 01558 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Str.
(c) Hospital or institution: South Baltimore Gen'l Hosp. 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 732 W. Fayette Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rosalie LEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Michael V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1872

8. AGE: Years	Months	Days	If less than one day
70	3	17	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Sappe
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace Czechoslovakia

16 (a) Informant Edward Lee (Son)
(b) Address 6217 Burgess Avenue

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison St. Balt. Md.

19 (a) FEB 25 1943 (Date rec'd by registrar) (b) [illegible] Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH 2/23 1943, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1943 to 2/23 1943.
and that I last saw her alive on 2/23 1943

Immediate cause of death
Bilat. Bronchopneumonia
Ch. glomerulonephritis
Due to Hypertensive C-V. disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed

G 01559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 01559 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 N. Lakewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 N. Lakewood Avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Anne B. LEONARD

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Walter E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1910

8. AGE: Years	Months	Days	If less than one day
32	5	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Kloiber
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Czechoslovakia

16 (a) Informant Walter E. Leonard (Husband)
(b) Address 500 N. Lakewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) FEB 26 1943 (Date filed by registrar) (b) [illegible] Williams M.D. Registrar

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1941, to Feb 25 1943, and that I last saw her alive on Feb 24 1943.

Immediate cause of death Pulmonary thrombosis.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 125 St. James St. Date signed

G 01560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01560 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 207 Dolphin St.
(b) Street address HAMPTON COURT
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) one
(e) Length of stay in Baltimore (yrs., mos., or days) one day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminister (If outside city or town limits, write RURAL and give town)
(d) Street No. 42 Longwell St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGIE MERIAT CHIDESTER WILLS

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife GEORGE T. WILLS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12. 1873

8. AGE: Years	Months	Days	If less than one day
69	10	13	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name HOLDRIDGE CHIDESTER
13. Birthplace VA.

MOTHER
14. Maiden Name SARAH S. WALKER
15. Birthplace VA.

16 (a) Informant SUSAN W. CHIDESTER
(b) Address HAMPTON COURT APARTS.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feby 27. 1943 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE, BALTO. CO. MD.

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1900 EUTAW PLACE

19 (a) FEB 28 (Date rec'd by Registrar) (b) Acting for Williams Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 25. 1943 19 . at 12 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/25/1939 to Feb 25 1943. and that I last saw h[illegible] alive on Feb 25 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 4 hrs.
Due to: Hypertension Uremia Delirium — Duration 5 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Reedy
Address 1403 PARK AVE. Date signed 2/28/43

Howard A. Mueller, M.D.

G 01561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 01561 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address West Balto General.

(c) Hospital or institution: malt

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto Catonsville Md

(c) City or town 3004 Linwood Ave (If outside city or town limits, write RURAL and give town.)

(d) Street No. 3004 Linwood Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helena Lena Schilling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ernest P. Schilling

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 31, 1877

8. AGE: Years 65 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Charles Schneeman

13. Birthplace Germ

MOTHER 14. Maiden Name Anna Glatzmann

15. Birthplace Germ

16 (a) Informant Ernest P. Schilling

(b) Address 3004 Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)

(c) Cemetery or crematory Parkwood Location Balto

18 (a) Funeral director Leonard J. Finch

(b) Address 2305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25 1943, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31 1943, to 2/25 1943, and that I last saw h[illegible] alive on 2/25 1943.

Immediate cause of death Carcinoma of Gallbladder (primary) — Duration 7 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. V. Tompkins

Address West Balto. Gen Hospital Date signed 2/25/43

G 01562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 01562

G 01562 D- Dec'd 600 W 33-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4208 Sheldon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4208 Sheldon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anthony L. Pedone

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-15-0804

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Amelia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1883

8. AGE: Years	Months	Days	If less than one day
59 60	11	2	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Samuel Pedone
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Pinto
15. Birthplace Italy

16 (a) Informant Amelia Pedone
(b) Address 4208 Sheldon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Leonard J. Rush
(b) Address 6305 Harford Rd

19 (a) (Registrar's signature) (b) Huntington Williams, Registrar
FEB 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24-1943, at 4 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1942 to Feb 24 1943, and that I last saw h/m alive on Feb 24 1943.

Immediate cause of death Coronary Thrombosis — Duration 8 hrs.
Due to Chronic Myocarditis — 18 mo
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Danes M. D.
Address 800 W 33rd St Date signed 2-25-43

G 01563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 01563
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6618 Eastern Pky (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Agnes A. MacNiven

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1898

8. AGE: Years	Months	Days	If less than one day
44	7	28	hr. min.

9. Birthplace Phila Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William E Arnold
13. Birthplace Pa

MOTHER
14. Maiden Name Mary —
15. Birthplace Pa

16 (a) Informant James A. MacNiven
(b) Address 6618 Eastern PKwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Buck
(b) Address [illegible]

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1943 at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1943 to Feb 23 1943, and that I last saw her alive on Feb 23 1943

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Chronic Nephritis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuesting M.D.
Address St Joseph's Hosp Date signed 2-23-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 01564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164 C

Registered No. G 01564

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Atland (Robert D. Altland)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-18-2129

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna M. Altland
6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) July 8, 1877

8. AGE: Years	Months	Days	If less than one day
65	7	17	hr. min.

9. Birthplace East Berlin, Pa.
(Town, county, and state)
10. Usual Occupation Floor Manager
11. Industry or business Fidelity Deposit Co.

FATHER
12. Name --
13. Birthplace Pa.

MOTHER
14. Maiden Name Leah Sauers
15. Birthplace Pa.

16 (a) Informant Mrs. Anna M. Altland
(b) Address 1719 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 2/25/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25- 1943, at 11:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Gunshot wound of brain

Due to

Due to

Other Conditions Suspicion, — no to probable.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-25-43 at A M
(c) Where did injury occur? 719 N. Fulton ave, Balto. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Revolver. = Fire-arm.

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-25-43

VS 6

Please write plainly. Use ink. Every item of information should be given. Do not omit. If unknown, state so. Do not guess. Be sure that you correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 61565

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2325 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK HENRY MOEHLE

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Ida Estelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Jeweler
11. Industry or business Own

FATHER
12. Name Frederick C. Moehle
13. Birthplace Hildesheim, Germany

MOTHER
14. Maiden Name -- Kramer
15. Birthplace Germany

16 (a) Informant Mrs. Ida Estelle Moehle
(b) Address 2325 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1943 at 11:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to Feb 24 1943 and that I last saw h living on 2-24-43

Immediate cause of death: Acute Dilatation of Heart
Due to: Coronary Thrombosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 6 hrs. 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin Luther Straub M. D.
Address 1 Fulton ave Date signed 2-25-43

VS 180

C 61566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. C 61566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 m-s
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4610 Keswick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr George Link (George Edward Link)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ida H. Link
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1867

8. AGE: Years	Months	Days	If less than one day
75	4	10	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation grocer
11. Industry or business self

FATHER
12. Name Adam Link
13. Birthplace Germany

MOTHER
14. Maiden Name --
15. Birthplace --

16 (a) Informant Mrs. Emma L. Dunk
(b) Address 4610 Keswick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1943, at 8 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1943 to Feb 25 1943 and that I last saw him alive on Feb 25 1943

Immediate cause of death	Duration
Coronary Occlusion	24 hrs
Due to Arteriosclerotic C-V. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Kreig M.D.
Address Bon Secours Hosp Date signed 3/2/43

VS 2

C 01567

AB-79650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C 01567

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Olippy or Samuel Oliver Lippy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie Ann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12-1866

8. AGE: Years	Months	Days	If less than one day
76	5	12	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Samuel Olippy or Samuel Lippy
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Garrett
15. Birthplace Pa.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 2/25/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24-1943, at 11.5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5-1943, to 2-24-1943, and that I last saw him alive on 2-24-1943

Immediate cause of death	Duration
arteriosclerotic heart disease c failure	5 days
Due to Bronchopneumonia	1 mo
Due to senile retention of urine	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations:
of autopsy: none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schneider, M.D.
Address Balto. City Hosp. Date signed 2-24-43

VS 180

G 01568

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 937

G 01568 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural - Severna Park (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Birdie M Rhodes

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Lewis B. Rhodes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1866

8. AGE: Years	Months	Days	If less than one day
76	7	2	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Jeremiah N. Moore
13. Birthplace Ga.

MOTHER
14. Maiden Name Jannetta Mickelyohn
15. Birthplace Ga.

16 (a) Informant Mrs. Cecil J. Lancaster
(b) Address Severna Park, Md

17 (a) Removal (b) Date thereof 2-26-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Richmond Va
Location

18 (a) Funeral director Wm. J. Teichmer & Son
(b) Address Center & Penna Ave Baltimore

19 (a) 2/25/43 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25 1943 at 7.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death: Coronary Thrombosis — Duration
Due to: Hypertensive Cardio vascular disease
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally Medical Examiner.
Date signed 2/26/43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

G 01569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. 201569 G 01569

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 523 N. Lyndhurst Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 N. Lyndhurst Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael A. Hennessy

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ******
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1876

8. AGE: Years: 66 Months: 10 Days: 20 If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Wise Bros.

FATHER
12. Name Thomas Hennessy
13. Birthplace Westfort Ireland,

MOTHER
14. Maiden Name Elizabeth Furlong
15. Birthplace Westfort, Ireland.

16 (a) Informant Miss. Agnes E. Hennessy
(b) Address 523 N. Lyndhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John. O. McKew
(b) Address 4201 Greenmount Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24. 1943. at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943. to Feb 24 1943. and that I last saw h[illegible] alive on Feb 24 1943

Immediate cause of death: Cerebral hemorrhage — Duration: 3 wks.
Due to: arteriosclerotic cardio vascular disease — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore E Stacy M. D.
Address 3803 Edmondson Ave Date signed 2/26/43

VS 150

G 01570 G 01570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1375 Woodyear
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1375 Woodyear St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Fox

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband ~~or wife~~ Charles Fox

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1888

8. AGE: Years	Months	Days	If less than one day
54	6		hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Coats
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Martha Goss
(b) Address 1375 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 1 - 43 (month) (day) (year)
(c) Cemetery or crematory mt Auburn
Location Balto city

18 (a) Funeral director Geo. E. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) FEB 25 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1943, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942 to Feb 25 1943, and that I last saw her alive on Feb 25 1943.

Immediate cause of death Cardiac Vascular Renal Disease — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Williams Frey, M.D.
Address 1928 Pa. Ave Date signed 3/26/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 01571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 480

G 01571
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Presstman Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Kent

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Roland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 1894

8. AGE: Years 48 | Months 9 | Days 5 | If less than one day: hr. min.

9. Birthplace Eastern Shore, Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jim Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Roland Kent
(b) Address 1325 Presstman St

17 (a) Burial (b) Date thereof 2/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) FEB 25 1943 Huntington Woodward, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23-1943 at 4 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carcinoma of Cervix and Uterus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner.
Date signed 2-25-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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G 01572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01572
Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 N. Point Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Elijah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-30-03

8. AGE: Years	Months	Days	If less than one day
39	5	25	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Archie, White
13. Birthplace Va

MOTHER
14. Maiden Name Mae Jenable
15. Birthplace Va

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co Md.

18 (a) Funeral director Robert E Wilkinson
(b) Address 515 N Eden St

19 (a) Date received by Registrar FEB 25 1943 (b) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1943 at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1943 to Feb 25 1943 and that I last saw her alive on Feb 25 1943.

Immediate cause of death Uremia — Duration 2 weeks

Due to Hypertensive cardiovascular renal disease — Duration 8 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Krob M. D.
Address J H H Date signed 2-25-43

G 01573

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 01573
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 S. Paca St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 Yrs.,

2. USUAL RESIDENCE OF DECEASED:
(a) [illegible] Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S. Paca St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Biscsi

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband late Salvatore Biscsi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11 1863

8. AGE: Years	Months	Days	If less than one day
79	5	13	hr. min.

9. Birthplace Termini Imerese Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Cosimo Cirrintani
13. Birthplace Italy

MOTHER
14. Maiden Name Domenica?
15. Birthplace Italy

16 (a) Informant Mary Di Natale (Daughter)
(b) Address 608 S. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1st/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd. Baltimore Md.
18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St. Huntingtown Williamsport, Md.
19 (a) FEB 25 1943 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1943 to Feb. 24, 1943, and that I last saw h[illegible] alive on Feb. 24, 1943.

Immediate cause of death: Myocarditis (Chronic) — Duration: 2

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Casey Jr. M. D.
Address 5-14 Drury Lane Date signed 2/25/43

G 01574 G 01574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 TUNBRIDGE ROAD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Anne Arundel
(c) City or town HOLY CROSS CEM BROOKLYN P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. HOLY CROSS CEM BROOKLYN P.O.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA M. TULLY.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	WIDOW

6 (b) Name of husband or wife PETER F TULLY.
6 (c) If alive, give age ' years

7. Birth date of deceased (mo., day, yr.) JUNE 16 1873

8. AGE: Years	Months	Days	If less than one day
69	8	8	hr. min.

9. Birthplace GERMANY.
(Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name ADAM. HART
13. Birthplace GERMANY.

MOTHER
14. Maiden Name NOT KNOWN.
15. Birthplace GERMANY

16 (a) Informant JOHN F TULLY.
(b) Address HOLY CROSS CEM BROOKLYN MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A.A.-Co.

18 (a) Funeral director Bernard C Hartge
(b) Address 121 E West St

19 (a) FEB 25 1943 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 24 1943, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1937 to Feb 24 1943, and that I last saw h[illegible] alive on Feb 23 1943.

Immediate cause of death Uremia
Due to Cardio-Vascular Renal disease
Duration 6 days / 12 years

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eliot W Hutchinson M. D.
Address 3432 Druid Hill Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 01575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01575 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1048 W. Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. H. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Annie Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
61 60	7	7		

9. Birthplace Prince George Co
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Brown
13. Birthplace Prince George Co

MOTHER
14. Maiden Name Sophie
15. Birthplace Prince George Co

16 (a) Informant Ona Bafford
(b) Address 1048 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Arnold, Md

18 (a) Funeral director Mrs Kate R Williams
(b) Address 22 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

FEB 25 1943

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1943 2.25 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 3 1942 to Feb 23 1943 and that I last saw h[illegible] alive Feb 20 1943

Immediate cause of death
Due to Coronary thrombosis
Due to Chronic Myocarditis
Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Powell
Address 1048 W. Saratoga St. Date signed 2/26/43

G 01576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161a

G 01576
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 W Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 - W Mulberry
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1943

8. AGE: Years | Months | Days | If less than one day 6 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James H. Lee
13. Birthplace St. Marys Co Md

MOTHER
14. Maiden Name Erma Caldwell
15. Birthplace Whitmore - Talbot Co. Md

16 (a) Informant James H. Lee
(b) Address 726 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mark Cater R. Williams
(b) Address 922 N. Calvert St

FEB 25 1943
(Date rec'd by registrar)
Clayton Williams, Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1943 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1943 to 2-24 1943 and that I last saw h alive on 2-24 1943.

Immediate cause of death
Congenital atelectasis — Duration 6 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H H Haslam
Address 600 Mulberry Date signed 2/24/43

G 01577 BALTIMORE CITY HEALTH DEPARTMENT G 01577

CERTIFICATE OF DEATH 1256 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 905 Parrish St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Lillie Mae J. Downey Downey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Winfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years 28 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Johnson
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Fillmore
15. Birthplace Va.

16 (a) Informant Viola Bernard
(b) Address 910 Tyson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location A. & Co. Md.

18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Mount st

FEB 25 1943 (Date rec'd by registrar) (b) [illegible] Washington Boulevard

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1943, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1943 to Feb. 24 1943, and that I last saw her alive on Feb. 24 1943.

Immediate cause of death Uremia; anuria; gen. toxic condition

Due to Pentnitis

Due to Lues abscess

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Howard Mays M. D.
Address University Hosp. Date signed 2/24/43
Dr. O.K. Ernest Thomas Jr. Mass. M-D

G 01578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 01578
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Typewriting is preferred. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 N. Central Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N. Central Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Daughtry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Col.	Widow

6 (b) Name of husband or wife George (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1887

8. AGE: Years	Months	Days	If less than one day
55	5	24	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Afred Evans
13. Birthplace N. C.

MOTHER
14. Maiden Name Georgiana Barnes
15. Birthplace N. C.

16 (a) Informant Willie Mae Mills
(b) Address 905 N. Central Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory
Location Driver Va

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1304 N. Central Ave

19 FEB 25 1943 (Huntington Nilliams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1943 at 2.17 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1943 to 2-25 1943 and that I last saw her alive on 2-25 1943.

Immediate cause of death: Bronchopneumonia — Duration: 3 weeks

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 624 N. Carey St. Date signed 2-25-43

VS 3

G 01579

G 01579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2712 W North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 W North Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Herman Linsenmeyer

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-3030

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Frances [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1898

8. AGE: Years	Months	Days	If less than one day
44	2	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Car Conductor (retired)

11. Industry or business

FATHER
12. Name John A. Linsenmeyer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sophie K. Mueller
15. Birthplace Balto. Md.

16 (a) Informant John A. Linsenmeyer
(b) Address 2712 W North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director H. C. Browning Son
(b) Address 924 Edmondson Ave
Huntington Holliaway H.P.

FEB 25 1943 (Local Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1943, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1943, to Feb 25 1943, and that I last saw him alive on Feb. 23 1943.

Immediate cause of death Congestive Heart Failure — Duration 1 mo.

Due to Chronic Myocarditis

Due to

Other Conditions Bronchial asthma — Duration 20 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature E. Walter Sherrington M. D.
Address 201 N Carey St. Date signed 2/25/43

VS 3

Subject age is especially important. Physicians: please write the causes of death clearly and legibly. The

G 01580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

G 01580 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2132 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 73 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 N. Calvert
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country -----

3 (a) FULL NAME Mary Ellen Howe Crimmins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William M. Crimmins
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1869

8. AGE: Years	Months	Days	If less than one day
73	11	26	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name Frederick A. Lucchesi
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ida Isabelle Masson
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Louis L. Jenkins
(b) Address 2132 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Means & Son
(b) Address 805 N. Calvert Street

19 (a) (Signature) (b) Registrar

FEB 25 1943

vs 1m

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1943, at 9:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Feb 24 1943.
and that I last saw [illegible] alive on Feb 23 1943.

Immediate cause of death	Duration
Pleural Carcinomatosis of Liver	6 Weeks
Due to Primary adeno-Carcinoma of Uterus	1 Year
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April 1941
Major findings of operation: Malignant Grade 2 Adeno Carcinoma
Date of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William R. Graefty M.D.
Address 10 E Biddle St Date signed 2/26/43

G 01581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01581 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 Maryland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marion Keith Kissinger

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Dvpnt

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1941

8. AGE: Years	Months	Days	If less than one day
1	3	12	hr. min.

9. Birthplace Statesville, N.C. (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Clarence Kissinger
13. Birthplace Iredell

MOTHER 14. Maiden Name Addie Lee Sloan
15. Birthplace Kentucky

16 (a) Informant Clarence Kissinger
(b) Address 2620 Maryland Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)
(c) Cemetery or crematory Statesville, N.C.
Location

18 (a) Funeral director William Cook Inc
(b) Address 1867 St. Paul St Balto
(c) FEB 25 1943 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25 1943 at 9.35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to natural death on the day stated above.

Immediate cause of death: Pneumococcic Meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McCullough Medical Examiner.
Date signed 2/26/43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01582 Registered No. 93E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeff Thurman

3 (b) If veteran, name war

3 (c) Social Security Account No. 405-14-2509

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec-14-1869

8. AGE: Years	Months	Days	If less than one day
73	2	12	hr. min.

9. Birthplace Tenn. (Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business Hatfield Dry Dock Corp.

FATHER
12. Name J. G. Thurman
13. Birthplace Tenn.

MOTHER
14. Maiden Name Lillian Burrow (BURROW)
15. Birthplace Tenn.

16 (a) Informant Lonnie Allen
(b) Address 1711 St. Paul Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-26-43 (month) (day) (year)

(c) Cemetery or crematory Chattanooga, Tenn.
Location —

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St Balto

FEB 25 1943 Huntington Williamsport, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 1943, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Congestive Heart Failure — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Wolfson M.D.
Medical Examiner.
Date signed 2-26-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

G 01583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

G 01583 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Dispensary of the
(b) Street address Fairfield, Bethlehem Shipbuilding
(c) Hospital or institution: Building Corp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Minnetonka ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Bremitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-20-8335

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Mulatto	Married

6 (b) Name of husband or wife Muriel

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Bath Shipbuilding Co

FATHER 12. Name Nathan Bremitz

13. Birthplace Russia

MOTHER 14. Maiden Name Sarah Smutz

15. Birthplace R

16 (a) Informant Wife

(b) Address 565 E. 91st st Brooklyn N.Y.

17. Buried (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New York

Location

18 (a) Funeral director Jack Lewis Inc

(b) Address 6437 E. Baltimore st

19 (a) FEB 25 1943 (b) Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25-1943, at 5:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on the person and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death Fractured Skull

Due to

Due to

Other Conditions Fractures, lacerations, abrasions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 2-25-43 at 4:30 P M

(c) Where did injury occur? Balt. Shipbuilding Corp.
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)

(e) Means of injury Fell down hole & ship.

23. Signature Howard J. Walters M.D.
Medical Examiner.

Date signed 2-26-43

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Applied

G 01584

AB-79629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 01584

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 144 Colvin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Penn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73	-	28	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name George Cooper
13. Birthplace Md.

MOTHER
14. Maiden Name Maggie Gaines
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave. (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1943 at 4 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1943 to 2-12 1943 and that I last saw her alive on 2-12 1943.

Immediate cause of death: Cardiac failure — Duration: ?

Due to: Arteriosclerotic heart disease — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 2-21-43

VS 180

9840

G 01585

15790-AB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 01585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 W. Conwey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elliott M. Hardesty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1860

8. AGE: Years	Months	Days	If less than one day
82	3	15	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Shirt Factory

11. Industry or business

FATHER
12. Name Joseph Hardesty
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant Baltimore City Hosp. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 26 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 26 1943 (b) [illegible] Washington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20 1943, at 2 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1940 to 2-20 1943 and that I last saw h[illegible] alive on 2-20 1943.

Immediate cause of death	Duration
Bronchopneumonia	?
Cardiac failure	?
Due to Arteriosclerosis & diabetes	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Rathbun M. D.
Address Balto. City Hosp. Date signed 2-24-43

VS 100

9541

G 01586

AB-32407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01586 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Lilly ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-83? 1890

8. AGE: Years	Months	Days	If less than one day
53?	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL FEB 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1943 at 1 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1943 to 2-22 1943, and that I last saw h[illegible] alive on 2-22 1943.

Immediate cause of death: Cardiac failure — Duration ?
Due to Arteriosclerotic H.D. chronic — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rabbitan M. D.
Address Balt. City Hosp. Date signed 2-24-43

VS 150

9842

C 01587

Error #2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. C.01587

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lombard & Green Sts. 4-20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Unidentified

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unk

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location PUBLIC CEMETERY FEB 26 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) FEB 26 1943 (b) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1943, at 8:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death: Acute Pulmonary Edema — Duration

Due to Hypertensive Cardio-vascular renal disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. Mitchell M.D. Medical Examiner.

Date signed 1/8/43.

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01588 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4104 Kathland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4104 Kathland Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Addie M. Slonaker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Chas. E. Slonaker

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Aug 5 1851

8. AGE: Years	Months	Days	If less than one day hr.	min.
91	6	19		

9. Birthplace Harney Carroll Co Md (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER

12. Name Daniel Hess

13. Birthplace Carroll Co Md

MOTHER

14. Maiden Name Martha Clabaugh

15. Birthplace Unknown

16 (a) Informant Chas. E. Slonaker

(b) Address 4104 Kathland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1943 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

18 (a) Funeral director M. Jos Soffer

(b) Address 1600 W. North Ave

Feb 25 1943

(c) Date received by registrar Hunter Jr Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938 to Feb 23 1943. and that I last saw h[illegible] alive on Feb 22 1943

Immediate cause of death

Acute dilation of heart — Duration 1 day

Due to arterio-sclerosis — 7

Cerebral hemorrhage and paralysis — 1939

Due to

Other Conditions Hypertension — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter D. Tuttle M. D.

Address 220 Garrison Blvd Date signed Feb 25 1943

G 01589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01589 Registered No. 13 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 18 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Gunter 80024

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 11, 1891

8. AGE: Years	Months	Days	If less than one day
51	11	13	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joe
13. Birthplace N.C.

MOTHER
14. Maiden Name Anna
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bloom Ave

19 (a) Filed FEB 25 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1943, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1924, to Feb. 24 1943, and that I last saw him alive on Feb. 24 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. S. Hartz M. D.
Address Balto City Hosp Date signed 2/25/43

G 01590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G 01590 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 325 S. Mount St.
(c) Hospital or institution:

19

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 325 S. Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Madeline Lockard

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George W. Lockard
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug. 13th 1898

8. AGE: Years	Months	Days	If less than one day
44	6	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Samuel Bloom
13. Birthplace Md

MOTHER
14. Maiden Name Ida Lamly
15. Birthplace Md

16 (a) Informant George W. Lockard
(b) Address 325 S. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27th 1943 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Baltimore Md

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins Sts

19 (a) (Date signed by local registrar) (b) Huntington Williams, M.D.

FEB 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1943, at 8:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-20 1942 to Feb 24 1943 and that I last saw her alive on Feb 23 1943

Immediate cause of death	Duration
Metastatic Carcinoma	
Due to carcinoma cervix uteri	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen M.D.
Address 206 S. Gilmor St Date signed 2-26-43

correct age is especially important. Physicians: please write the causes of death clearly a

G 01591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01591 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished as far as practicable and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 Pierce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Pierce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eliza Rich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Middlesex County Va. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Williams
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Charles Burrell, Son
(b) Address 809 Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27 1943 (month) (day) (year)
(c) Cemetery or crematory Lyrinya Va. Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) Filed FEB 25 1943 Registrar
(b) Registrar Washington Wilson, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1942 to Feb 25 1943 and that I last saw h[illegible] alive on Feb 25 1943.

Immediate cause of death: Cardio Vascular Disease — Duration: June 13/42
Due to:
Due to: Cerebral Hemorrhage — Duration: 1 month
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Fray M.D.
Address 1938 Penna Ave Date signed 2/26/43 M. D.

G 01592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4318 G 01592

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BLANKS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 E Montgomery
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 E Montgomery St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Echstein

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John
6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) March

8. AGE: Years	Months	Days	If less than one day
59 92	11	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER
12. Name Robert Eslinger
13. Birthplace Md

MOTHER
14. Maiden Name Magdalen Ort
15. Birthplace Md

16 (a) Informant Mrs Mildred M Varnadore
(b) Address 115 E Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 FEB 27 1943 (Registered by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1943, at 3 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942 to Feb 24 1943 and that I last saw her alive on Feb 24 1943

Immediate cause of death	Duration
Uremia Coma	3 days
Due to Chronic Nephritis	1 yr
Due to	
Other Conditions Arteriosclerosis	2 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Hughes
Address 1 E Madison Date signed 3-2-43

VS 180

Coast 6/5

G 01593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01593 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3422 Mondawmin avenue
(c) Hospital or institution: -------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3422 Mondawmin avenue
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD H. WARR

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 212-01-6748

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Delma R. Warr

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 7, 1887

8. AGE: Years 55 | Months 7 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Chief- Salvage Corps

11. Industry or business

FATHER
12. Name William H. Warr
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Minnie Lang
15. Birthplace Germany

16 (a) Informant Mrs. Delma R. Warr
(b) Address 3422 Mondawmin avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas. J. Evans-Sanlin
(b) Address 4[illegible] Mt. Royal Ave

19 FEB 27 1943 (Date rec'd by registrar) (b) [illegible] Williams, Mgr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27, 1943, to Feb 25, 1943, and that I last saw h[illegible] alive on Feb. 25, 1943.

	Duration
Immediate cause of death: Coronary Thrombosis	1 day.
Due to Chronic Myocarditis	1½ years
Due to Chronic Bronchiectasis	1½ years
Other Conditions Left Pneumothorax Spontaneous pneumothorax 1½ yrs. ago	1½ years

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation: None

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature Frank H. Ogden, M. D.
Address 2701 N. Calvert St Date signed Feb 26 43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01594 Registered No. 928

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2619 Georgetown Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Georgetown Rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Reichert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Late Frederick Reichert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1882

8. AGE: Years 61 | Months | Days 27 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Bernhard Burr
13. Birthplace Germany

MOTHER
14. Maiden Name Lilley
15. Birthplace Germany

16 (a) Informant Mrs. Marie Arata
(b) Address 3414 Hopkins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 Edmondson Ave.

19 FEB 27 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24/43 19 at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1943 to Feb 24 1943 and that I last saw h[illegible] alive on Feb 24 1943.

Immediate cause of death: Mitral Insufficiency — Duration: ?
Due to: Cardiac Hypertrophy — Duration: ?
Due to: Hypertension — Duration: ?
Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Carey A Rostring M. D.
Address 1326 W Lombard St Date signed 2/25/43

VS 180

G 01595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01595 Registered No. 127a

Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts
(c) Hospital or institution Bon Secours Hospital. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 0 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 22
(If outside city or town limits, write RURAL and give town)
(d) Street No. 0232 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Minnie Frederick
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Emil Oscar Frederick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1881

8. AGE: Years	Months	Days	If less than one day
62	1	10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Gen Work.

FATHER
12. Name Karl Kaes
13. Birthplace Germany

MOTHER
14. Maiden Name — Weinberg
15. Birthplace Germany

16 (a) Informant Mrs. Emil Oscar Frederick
(b) Address 2232 W. Lexington
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)
(c) Cemetery or crematory Loraine Park
Location Woodlawn
18 (a) Funeral director Harry A. Winter
(b) Address 410 Edmondson Ave Catonsville, Md
19 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1943, at 10:57 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1943 to 2-26 1943 and that I last saw h[illegible] alive on 2-26 1943

Immediate cause of death: Acute Pulmonary Embolism — Duration 1/2 hr.
Due to
Due to
Other Conditions: Hypertensive C-V. Dis. (Include pregnancy within 3 months of death)
Date of operation 2-19-43
Major findings of operation: Chr. Cholecystitis. Cystectomy & Rectocele
of autopsy: None.

*PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Edward L. Krieg M.D. M. D.
Address Bon Secours Hosp. Date signed 2-26-43

VS 2

G 61596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 61596 Registered No. 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 832 China
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22-2
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 832 China (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Berues Gough

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-0021

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Col	married

6 (b) Name of husband or wife Genera Gough
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Oct 19 1914

8. AGE: Years	Months	Days	If less than one day hr.	min.
28	4	6		

9. Birthplace Calvert Co Md (Town, county, and state)
10. Usual Occupation Sterebine
11. Industry or business

FATHER
12. Name Parren Gough
13. Birthplace Stmarys Md

MOTHER
14. Maiden Name Emma Bishop
15. Birthplace Calvert Co. Md

16 (a) Informant Genera Gough
(b) Address 832 China St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-43 (month) (day) (year)
(c) Cemetery or crematory Easton Chapel
Location Cal. Co. Md

18 (a) Funeral director James A Mayo
(b) Address 1142 Wolfe St

19 (a) FEB 27 (Date received by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb-25 1943, at 7a M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/26 1943 to 2/25 1943, and that I last saw [illegible] alive on 2/24 1943

Immediate cause of death Pulmonary Tuberculosis (acute)
Due to Influenza 1/19/43
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Crawley M. D.
Address 1 W Lee Date signed 2-27-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 01597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Brookfield
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lonnie Edward Easton Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/6/43

8. AGE: Years	Months	Days	If less than one day
		18	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lonnie Easton
13. Birthplace West Virginia

MOTHER
14. Maiden Name Edith Campbell
15. Birthplace West Virginia

16 (a) Informant Mrs Edith Easton
(b) Address 2234 Brookfield Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 27-43 (month) (day) (year)

(c) Cemetery or crematory
Location Clarksburg W Va.

18 (a) Funeral director George A. Farley
(b) Address Funeral & Forgetta

19 FEB 27 1943 (b) Huntington Williamson W.Va.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/24/43 19 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6 1943 to 2/24 1943.
and that I last saw him alive on 2/24 19

Immediate cause of death
Pneumonia

Due to Respiratory Distress Syndrome 3d.

Due to Premature baby 34-37 wks.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

Examination of autopsy: Right lung

Duration
3d.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wilson C. Duffy M.D.
Address Mercy Hospital Date signed 2/27/43

C 01598

T. M. 79992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

C 01598

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hosp. 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da.

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1929 Harlem Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Zentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Teresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 3rd. 1862

8. AGE: Years	Months	Days	If less than one day
80	11	15	2 hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Abraham

13. Birthplace ?

MOTHER

14. Maiden Name Matilda Taylor

15. Birthplace Maryland

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-43 (month) (day) (year)

(c) Cemetery or crematory Fort Lincoln Cem. Location Washington D C

18 (a) Funeral director George A. Farley

(b) Address Fulton & Fayette

19 (a) (Date received by registrar) (b) Registrar

FEB 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25-1943, at 11.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22-43, to 2-25-1943, and that I last saw him alive on 2-25-1943.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to Arteriosclerotic heart disease — Duration yrs

Due to Intertrochanteric fract. L. femur — Duration 3 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-24-43

Major findings of operation: fracture

of autopsy: Bronchopneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Feb. 15, 1943 at — M

(c) Where did injury occur? 1929 Harlem ave (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Fell on ice

23. Signature Howard L. Wilson, M.D.

Address Balto. City Hosp. Date signed 2-26-43

Howard L. Wilson, M.D.

G 01599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

G 01599 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2815 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Franklin E. Goodwin

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. 212-09-6547

4 Sex MALE | 5 Color or race White | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife NELLIE A Goodwin

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) March 4. 1873

8. AGE: Years 69 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace St Marys Co. Maryland (Town, county, and state)

10. Usual Occupation JANITOR

11. Industry or business Koppers Co

FATHER
12. Name John W. Goodwin
13. Birthplace St Marys Co. Md

MOTHER
14. Maiden Name Mary L. Cecil
15. Birthplace St Marys Co. Md

16 (a) Informant NELLIE A. Goodwin
(b) Address 2815 W Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2-1943 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem. Location Baltimore City

18 (a) Funeral director Roth & B. M. Walters
(b) Address Pratt & Stricker Sts

19 (a) FEB 27 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26th 1943, at 11:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1942 to Feb 26 1943 and that I last saw him alive on Feb 25 1943

Immediate cause of death: Coronary occlusion of the pancreas with pneumonia — Duration: Weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S. Eutaw St Date signed 2-27-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 016 0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1246

G 01600 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Elmer Clarke.
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-03-5144

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/9/1901

8. AGE: Years 42 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and State)

10. Usual Occupation Collector for finance Co
11. Industry or business

FATHER
12. Name John F. Clarke
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eliza Lennon
15. Birthplace Baltimore

16 (a) Informant Mrs Helen Cox
(b) Address 2031 Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director J. J. Tapley Sons
(b) Address 811 Light St.

19 (a) FEB 27 (Date rec'd by registrar) by Clayton Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1943, to 2/26 1943, and that I last saw h[illegible] alive on 2/26 1943.

Immediate cause of death
Myocardial failure — Duration 9 Days.
Due to
Arteriosclerotic Cardio-Vascular Renal disease
Due to
Other Conditions Contributing
Cirrhosis of Liver
(Include pregnancy within 3 months of death)
Date of operation 2/17/43
Major findings of operation
Cirrhosis of liver
of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Krieg M.D.
Address Bon Secours Hosp Date signed 2/27/43

G 01601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 01601 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat 7801
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35-5-28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Tillie M. Francis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1869

8. AGE: Years	Months	Days	If less than one day
73	5	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frederick J. Lehmann
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Steinberg
15. Birthplace Germany

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Stewart Memorial Co.
(b) Address 1401 Park Ave.

19 (a) (b)
(Signature of registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1943 at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Feb. 26 1943, and that I last saw her alive on Feb. 26 1943

Immediate cause of death	Duration
Coronary Thrombosis	1 Day
Due to	
Due to	
Other Conditions Schizophrenia Paranoid Type (Include pregnancy within 3 months of death)	35 years

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel C. Hayes M. D.
Address 3316 Fleet St. Date signed

4304821602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

G 01602 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 E Monument (If rural give location)
(e) Citizen of foreign country? ? (Yes or No) If yes, name country

3 (a) FULL NAME Benny Lee

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no
4. Sex: Male
5. Color or race: Yellow
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Dolly
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 9-12-01
8. AGE: Years 41 | Months 5 | Days 14 | If less than one day ____ hr. ____ min.
9. Birthplace CHINA (Town, county, and state)
10. Usual Occupation Restaurant
11. Industry or business —

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore

18 (a) Funeral director Sherwood Mortuary Co.
(b) Address 108 W Monument

19 (a) ____ (Date rec'd by registrar) (b) Filed by Arlington Williams M.D. Registrar

FEB 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to Feb 26 1943 and that I last saw HIM alive on Feb 26 1943.

Immediate cause of death	Duration
Bronchogenic Carcinoma	1 year
Due to	
Due to	
Other Conditions Syphilis, latent	10 Years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marjorie Hayes M. D.
Address Johns Hopkins Hosp. Date signed 2-26-43

G 01603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

G 01603 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 14 Merrymount Rd

(c) Hospital or institution: at Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 + 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 14 Merrymount Rd (If rural give location)

(e) Citizen of foreign country? (No) (Yes or No)

If yes, name country —

3 (a) FULL NAME Agnes Pohl

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 13 1862

8. AGE: Years 80 | Months 8 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Anton Pohl

13. Birthplace Germany

MOTHER 14. Maiden Name Emilie Tocking

15. Birthplace Germany

16 (a) Informant The Misses Dodsel (sisters)

(b) Address 14 Merrymount Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1 43 (month) (day) (year)

(c) Cemetery or crematory Lorderbrook

Location Baltimore

18 (a) Funeral director Stewart Mowrus

(b) Address 1811 W Lanvale St

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

FEB 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943, at 3a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943 to Feb 26 1943, and that I last saw her alive on Feb 22 1943.

Immediate cause of death: Myocardial Disease — Duration 18 days

Due to Chronic Endocarditis — 13 years

Due to Senile Arteriosclerosis — 7

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation No operation

Major findings of operation:

of autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Tilson Porter M. D.

Address 4522 Roland Ave Date signed 2/27/43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01604 / 108 G 01604 — Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 326 S. Collington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 - 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 S. Collington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stanislaw Kocienda

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-3183

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Aleksandra
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 60 Months — Days — If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Molder
11. Industry or business

FATHER
12. Name Martin Kocienda
13. Birthplace Poland

MOTHER
14. Maiden Name Josepha Majewski
15. Birthplace Poland

16 (a) Informant Aleksandra Kocienda
(b) Address 326 S. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Drozdowski
(b) Address 1930 Eastern Ave

19 (a) Registered by (Effective) (City Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1943 at 9 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1943 to Feb. 26 1943 and that I last saw h alive on Feb. 26 1943

Immediate cause of death: Lobar pneumonia — Duration: 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Szymkowiak M. D.
Address 802 Eastern Ave Date signed 2-27-43

G 01605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. G 01605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Mosher
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Harris Sheppard

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Fannie Sheppard
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 12/25/1874

8. AGE: Years	Months	Days	If less than one day
68	1	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Cook
11. Industry or business Cafe

FATHER
12. Name George Sheppard
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Gibson
15. Birthplace Maryland

16 (a) Informant Louise Sheppard
(b) Address 1001 Whitelock

17 (a) Burial (b) Date thereof March 2, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1091 Druid Hill Ave.

19 (a) FEB 27 1943 (b) Huntington Hill Baltimore, Md.
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26/1943 to 2/27/1943 and that I last saw him alive on 2/26/1943

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days

Due to Arterio-Sclerosis — 2 yrs

Due to Senility

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Bartlett M. D.
Address 519 N. Carrollton Date signed 3/1/43

G 01606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 516

Registered No. G 01606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 Brandly Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carlton
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1029 Brandly Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married.

6 (b) Name of husband or wife Henrietta Cook
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Aug. 20 1869

8. AGE: Years	Months	Days	If less than one day
73	6	4	hr. min.

9. Birthplace Centreville, Md
(Town, county, and state)
10. Usual Occupation Horseman
11. Industry or business

FATHER
12. Name Peter Cook
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Bowman
15. Birthplace Md.

16 (a) Informant Henrietta Cook
(b) Address 1029 Brandly Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Mount Hill Ave.

19 FEB 27 1943 (b) Huntington Williamsburg Pa
(Local registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1943, at 6:36 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2, 1943 to Feb 27 1943, and that I last saw him alive on Feb 24 1943.

Immediate cause of death	Duration
Tuberculosis Pulmonis Syphilis	8 mos.
Due to Arteriosclerosis	—
Due to (a)	
Other Conditions Prostatic Hypertrophy (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Woodson Higgins M.D.
Address 1043 Mosher St. Date signed 2/27/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X/166 Registered No. 01607

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Perryville 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL JAMES FLEMING

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 212-18-4358

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mildred L.
6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): 1/6/1899

8. AGE: Years 44 | Months 1 | Days 20 | If less than one day: hr. min.

9. Birthplace: Harrington, Kent Co., Dela. (Town, county, and state)
10. Usual Occupation: Foreman
11. Industry or business: Construction work.

FATHER
12. Name: Thomas F. Fleming
13. Birthplace: Harrington, Del.

MOTHER
14. Maiden Name: Mary E. Dorman
15. Birthplace: Washington D.C.

16 (a) Informant: Mildred L. Fleming
(b) Address: Perryville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/1/43 (month) (day) (year)
(c) Cemetery or crematory: Crucifix Cem
Location: Crucifix Furnace, Md.

18 (a) Funeral director: Lee A. Patterson & Son
(b) Address: Perryville, Md.

19 (a) FEB 27 1943 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943, at 5 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of chest & abdomen
Due to:
Due to:
Other Conditions: None

(Include pregnancy within 3 months of death)
Date of operation: 2-27-43
Major findings of operation: No Operation
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence: 2-27-1943 at 7P M
(c) Where did injury occur? Perryville, Cecil (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury: Shotgun wound abdomen & chest

23. Signature: H. L. Wollenweber M.D. Medical Examiner.
Date signed 2-28-43

VS 6

G 91608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No. G 91608

1. PLACE OF DEATH: St. Joseph's Hosp.
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St
(c) Hospital or institution: St Joseph's Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1261 Carroll St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Shugars

3 (b) If veteran, name war —

3 (c) Social Security Account No. 229-05-7362

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Elizabeth Shugars

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 12 1887

8. AGE: Years 55 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Baltimore
(City, town, county, and state)

10. Usual Occupation Iron Worker

11. Industry or business CHAS T. BRANDT

FATHER
12. Name WM. D SHUGARS
13. Birthplace BALTO MD

MOTHER
14. Maiden Name MARG'T HAWKS
15. Birthplace IRELAND

16 (a) Informant BEOL SHUGARS
(b) Address 1261 CARROLL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-2-43 (month) (day) (year)

(c) Cemetery or crematory HOLY CROSS
Location A.A Co.

18 (a) Funeral director Bernard C Hank
(b) Address 121 E West St

19 (a) FEB 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943 at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1943 to 2-26 1943 and that I last saw h 10 alive on 2-26 1943

Immediate cause of death Pulmonary embolism — Duration

Due to

Due to

Other Conditions Strangulated hernia

(Include pregnancy within 3 months of death)

Date of operation 2-17-43

Major findings of operations Repair Ventral hernia

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J Smyth
Address St Josephs Hosp Date signed 2/27/43

VS 1

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

Registered No. G 01609

Dr Wm. Nichols 2901 Edmondson

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARCODE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Dennison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Dennison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Heine

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Philipine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 65 ?

8. AGE: Years	Months	Days	If less than one day
86	1	15	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Henry Heine

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard Funk

(b) Address 3305 Hartford Rd.

19 FEB 27 1943 (c) Huntingdon Williamsport, Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1943 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to Febry 25 1943, and that I last saw him alive on Feb. 20 1943.

Immediate cause of death Myocardial insufficiency with congestive failure — Duration 3 months

Due to Arteriosclerotic heart disease — Duration 2 years

Due to Generalized arteriosclerosis — Duration 5 years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Nichols M. D.

Address 2901 Edmondson Ave Date signed Feb 25/43

G 01610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 01610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 Elmtree St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Elmtree St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Salomeja Chojnowski (HOJNOWSKI

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Vladislav
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
about 57			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Zazecki
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Walter Chojnowski
(b) Address 1511 Elmtree St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) FEB 28 1943 (Date received by registrar) (b) Hunting Town Williamstown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1943 at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Feb 25 1943 and that I last saw her alive on Feb. 25 1943

Immediate cause of death Cerebral Hemorrhage.
Due to Hemiplegia
Due to Cardiac Hyper-tension

Duration July 1 1942.

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris M.D.
Address 107 East Main St Date signed 2-28-43

VS 3

The correct age is especially important. Physicians; please write the causes of death clearly and legibly. Information should be given by the

G 01611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 B

G 01611 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Nurses Home, City Hospital (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLENE MAE REID

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife SINGLE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 25, 1922

8. AGE: Years	Months	Days	If less than one day
20	10	2	hr. min.

9. Birthplace RAPPAHANNOCK Co. VA. (Town, county, and state)
10. Usual Occupation NURSE
11. Industry or business City Hosp. - BALTO

FATHER
12. Name CHAS. G. Reid
13. Birthplace WARREN Co. VA.

MOTHER
14. Maiden Name GRACE BRADLEY
15. Birthplace [illegible] Co. VA.

16 (a) Informant [illegible] Records
(b) Address [illegible]

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-27-43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ MASONIC
Location WASHINGTON, VA.

18 (a) Funeral director [illegible]
(b) Address 1608 Hollins Ave

19 (a) FEB 28 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1943, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Pneumonia, lobular

Due to Bacterial pneumonia

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 26, 1943 at M
(c) Where did injury occur? [illegible] (City or town) [illegible] (County) [illegible] (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Bathtub

23. Signature M. Z. Wollenweber M.D.
Medical Examiner.
Date signed 2-27-43

VS 6

G 01612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 01612 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. If exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd
(c) Hospital or institution: Lynda Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1360 Homestead Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Godwin Tynes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-24-1877

8. AGE: Years 65 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Henry L
13. Birthplace Va

MOTHER
14. Maiden Name Rosa Godwin
15. Birthplace Va

16 (a) Informant Helen F Herr
(b) Address 1369 Homestead at

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-28-43 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Churchville Va

18 (a) Funeral director Leonard Grady
(b) Address 2705 Harford Rd

FEB 28 1943 Huntington & Williams Mort
(Date rec'd by registrar) (Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1943 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1942 to Feb. 26 1943 and that I last saw her alive on Feb. 26 1943.

Immediate cause of death Carcinoma of Colon — Duration 2 years
Due to Metastasizing
Due to Generalized Carcinomatosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M.D. M. D.
Address 4706 Harford Road Baltimore Md Date signed Feb. 27 1943

G 01613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01613 Registered No. 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Howard
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~, ~~mos.~~, or days) 5d
(e) Length of stay in Baltimore (yrs., ~~mos.~~, days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1934 Wilkens Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Dorothy Adler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife? Bernard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1917

8. AGE: Years	Months	Days	If less than one day
25	6	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Solomon Hermsdorf
13. Birthplace Austria

MOTHER
14. Maiden Name Sarah Dembo
15. Birthplace Russia

16 (a) Informant Dr Albert Hermsdorf
(b) Address 1934 Wilkens ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd
Location Washington Blvd

18 (a) Funeral director S. L. LEVINSON & BRO.
(b) Address 1124-26 W North ave

19 (a) FEB 28 1943 (Date rec'd by registrar) (b) H. L. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1943, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1943, to Feb 26 1943, and that I last saw h[illegible] alive on Feb 26 1943.

Immediate cause of death Tuberculous Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury

23. Signature L. Herman Williams M.D.
Address Maryland General Hosp. Date signed Feb 26 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 01614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

G 01614

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 weeks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 833 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARL A. LANCASTER

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.) Nov 8. 1911

8. AGE: Years 31 | Months 3 | Days 19 | If less than one day: hr. min.

9. Birthplace Garrett Co. Md.
(Town, county, and state)

10. Usual Occupation Sheet Metal Helper

11. Industry or business Bethlehem Steel Co

FATHER
12. Name Erwin F. Lancaster
13. Birthplace Md.

MOTHER
14. Maiden Name Della B. Robeson
15. Birthplace Md.

16 (a) Informant Erwin E. Lancaster
(b) Address 734 - 6th St. N.W. Wash. D.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 28. 1943 (month) (day) (year)
(c) Cemetery or crematory Cherry Grove
Location Garrett Co. Md.

18 (a) Funeral director Mr. Mrs. John W. Faulkerson
(b) Address 801 W. Fayette St

19 (a) FEB 28 1943 (Date rec'd by registrar) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1943, at 8a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wounds of Chest & abdomen.
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation 2-20-43
Major findings of operation: as above
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2-27-43 at 3a M
(c) Where did injury occur? above address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Stabbed with knife during

23. Signature H. L. Wallenstein M.D.
Medical Examiner.
Date signed 2-27-43

abdomen

VS 6

C 01615 — 2818 St. Paul St — 01615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 — Registered No. 01615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2112 Dennison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Creighton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

97

3 (a) FULL NAME David D. Knox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Laura M. Knox

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20th 1868

8. AGE: Years	Months	Days	If less than one day
75	1	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Knox
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Martha (Mahoney)
15. Birthplace Washington D.C.

16 (a) Informant Mrs Laura M. Knox
(b) Address 2605 Creighton Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 E. Pratt St

FEB 28 1943 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1943, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Feby 1943, and that I last saw h~~im~~ alive on Feb 25 1943

Immediate cause of death: Arteriosclerosis — Duration 10 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H G Jones M. D.
Address 2818 St Paul St Date signed 2/28/43

G 01616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 546

G 01616

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Rayner Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Webb

3 (b) If veteran, name war: NV
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary E Webb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1903

8. AGE: Years	Months	Days	If less than one day
39	6	11	hr. min.

9. Birthplace Richmond Va.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Frank M Webb
13. Birthplace Va

MOTHER
14. Maiden Name Alma Mandis
15. Birthplace Va

16 (a) Informant Tyler Webb
(b) Address 3607 Rockdale Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto. Md.
18 (a) Funeral director William Cook Sr.
(b) Address 219 St. Paul St
19 (a) FEB 28 1943 (b) Registrar Huntington Williams, M.D.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1943, at 1[10] P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1943 to 2-24 1943, and that I last saw him alive on 2-26 1943

Immediate cause of death: Intracranial pressure — Duration: 1 month

Due to: Brain tumor — Duration: 2 years

Due to: (no)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-25-43

Major findings of operation: Dilated left ventricle

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Averill Stowell M. D.
Address University Hospital Date signed 2-26-43

G 01617 Dr. Brill 826 N. Washington St Wolfe 0411817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Chapel St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Bertha Gesell

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married, widowed, or divorced~~ Widowed

6 (b) Name of husband John Oscar Gesell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29th 1856

8. AGE: Years 86 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Anna Whalen
(b) Address 1537 N. Wolfe St

17 (a) Burial (b) Date of ~~burial~~ 3/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1219 St. Paul St

19 FEB 28 1943 (b) Lington Williams M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27th 1943, at 8:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943 to Feb 27 1943, and that I last saw her alive on Feb 26 1942.

Immediate cause of death Bronchopneumonia — Duration 1 week

Due to

Due to

Other Conditions Arteriosclerotic Cardiovascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Brill M. D.
Address 826 N. Washington St. Date signed Feb 28, 1943

G 01618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1634

G 01618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5701 Stewart Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Stewart
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5701 Stewart Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RICHARD F. LANE

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Susie M. Lane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31st 1872

8. AGE: Years	Months	Days	If less than one day
70	5	25	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Credit Manager

FATHER
12. Name (Unknown) Lane
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Theodore Dillaway
(b) Address 5701 Stewart Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Ook Inc
(b) Address 1217 St. Paul St

19 (a) 2 28 1943 (b) Wilmington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide asphyxiation	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence Feb 27, 1943 at M
(c) Where did injury occur? at home Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Natural gas stove

23. Signature T. F. Wallace Jr M.D.
Medical Examiner.
Date signed 2-27-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

G 01619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G 01619 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 S. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 S. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johnie Kate Edwards

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1907

8. AGE: Years 0 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Erwin Tenn.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lee Clifton Edwards
13. Birthplace Erwin Tenn.

MOTHER
14. Maiden Name Flossie M. Higgins
15. Birthplace Erwin Tenn

16 (a) Informant Lee Clifton Edwards
(b) Address 716 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 1943 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cem.
Location Erwin Tenn

18 (a) Funeral director Pratt & B. M. Walter
(b) Address Pratt & Stricker Sts

19 Feb 28 1943 Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1943 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943 to Feb 27 1943, and that I last saw h alive on 19

Immediate cause of death: Cardiac failure — Duration 2 days.

Due to: Congenital heart disease. — Duration birth

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles Townsend M.D.

Address 710 W. Lombard Date signed 2-28-43

G 01620 ✓ G 01620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2450 Druid Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2450 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Elizabeth Frazier ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hayward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1910

8. AGE: Years	Months	Days	If less than one day
32	11	10	hr. min.

9. Birthplace Crewe Virginia
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Patrick Jennings
13. Birthplace Nottoway County Va.

MOTHER
14. Maiden Name Elizabeth Parsons
15. Birthplace Amelia County Va.

16 (a) Informant Hayward Frazier
(b) Address 2450 Druid Hill Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1943 (month) (day) (year)

(c) Cemetery or crematory
Location Crewe Virginia

18 (a) Funeral director Mrs. R. Hart Ellison Dy.
(b) Address 1699 N. Carolina St.

FEB 28 1943
(Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to Feb 26 1943 and that I last saw h N alive on Feb 25, 1943

Immediate cause of death	Duration
Clots Arteries of Heart	2 days
Due to Lobar Pneumonia	4 da
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mamie Howe, M.D.
Address 312 E 23rd St Date signed 2-27-43 M. D.

G 01621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01621 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Streets

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Delaware (b) County

(c) City or town Wilmington (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Leo Smith Pucylowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of husband or wife Veronica

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1893

8. AGE: Years	Months	Days	If less than one day
49 50	10	11	hr. min.

9. Birthplace Wilmington, Delaware (Town, county, and state)

10. Usual Occupation Boiler Maker

11. Industry or business Pennsylvania Railroad

FATHER

12. Name Frank Pucylowski

13. Birthplace Poland

MOTHER

14. Maiden Name Mary Zukowski

15. Birthplace Poland

16 (a) Informant Gabriel Zukowski

(b) Address Wilmington Del.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Wilmington Del.

Location Wilmington Del.

18 (a) Funeral director Fred W Ozazewski

(b) Address 1900 Eastern Ave

19 (a) Date registered FEB 28 1943 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26/43 19 , at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15/ 1943 to 2/26/ 1943 and that I last saw h i m alive on 2/26/ 1943.

Immediate cause of death Cardio Respiratory Failure — Duration 4 Days

Due to (a) Vascular Accident

Due to (b) Vascular Accident just prior to admission

Other Conditions Alcoholism (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John R. Davis, Jr.

Address Mercy Hospital Date signed 2/27/43

G 01622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 520

G 01622 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REGION RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 S. Eden St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRIS LIPSCH

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia.

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia.

16 (a) Informant Harry Lipsch
(b) Address 2666 Oswego Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil. Rd & Hamilton Ave

18 (a) Funeral director Joel Lewis Inc
(b) Address 1439 E. Balto St

19 (a) FEB 28 1943 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26-43 19 , at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26-1943 to Feb 24 1943 and that I last saw h alive on Feb 24 1943.

Immediate cause of death Uremia
acute Uremia Retention
Due to Carcinoma of Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles S. Levy M.D.
Address 117 Hundred and Eleventh Date signed 2-27-43

VS 150

G 01623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943 Feb 940a

G 01623 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 Callow Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 Callow Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GOLDA BENJAMIN

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Marks
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 10, 1872
8. AGE: Years 70 | Months 4 | Days 16 | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Brooker
13. Birthplace Russia

MOTHER
14. Maiden Name Leah Pomeritzky
15. Birthplace Russia

16 (a) Informant Rachel Benjamin
(b) Address 2017 Callow Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Hill Rep
Location Woodlawn Hill Rep.
18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St.
19 (a) Date of death FEB 28 1943 (b) Signature of attending physician or Medical Examiner Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1943, at 11:30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943 to Feb 26 1943, and that I last saw h alive on Feb 26 1943
Immediate cause of death Coronary thrombosis
arteriosclerosis — Duration 12 hours
Due to 2
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R. A. Michelson M. D.
Address 2230 Eutaw Pl. Date signed 2-27-43

VS 180

429038

G 01624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95 B

G 01624 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-2-23

8. AGE: Years	Months	Days	If less than one day
19	9	26	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Amon Jenkins
13. Birthplace Va.

MOTHER
14. Maiden Name Nora Berry
15. Birthplace Va.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Cuckoldstown Va
Location Cuckoldstown Va

18 (a) Funeral director J. J. Gahagan
(b) Address 131 Light St.

19 (a) (registrar) (b) Hunter for Williams M.D.

FEB 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1943 at 6:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 27 1943 to Feb. 28 1943 and that I last saw her alive on Feb 28 1943.

Immediate cause of death Heart failure — Duration 2 9

Due to Chronic rheumatic heart disease — Duration 4 years

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 2/28/43 M. D.

G 01625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01625 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 N. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 637 N. Calhoun St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Jane Brooks

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/27/1887

8. AGE: Years	Months	Days	If less than one day
55	11	29	hr. min.

9. Birthplace Hartford, Co. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Wm. H. Thompson
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Howard
15. Birthplace Md.

16 (a) Informant Frances Barnett (D) (D.C.)
(b) Address 1012 64th. St. N.E. Wash.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/43 (month) (day) (year)
(c) Cemetery or crematory Clarks Chapel
Location Belair, Md. Hartford, Co.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (d) Huntington Williams M.D.
(Date rec'd by registrar) FEB 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26/43 19 . at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1942 to 2-26 1943.
and that I last saw h alive on 2/25 1943.

Immediate cause of death Cardiac failure

Due to Hypertensive Type Heart Disease

Due to

Other Conditions Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Evan D. Eikas

Address 601 N. Calhoun St. Date signed 2-26-43 M.D.

VS 3

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

G 01626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122 B

G 01626 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 542 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Faustina Earles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1899

8. AGE: Years 43 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Moses Hall
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Edith Fountain
15. Birthplace Denton Md.

16 (a) Informant Mrs. Edith Hall
(b) Address 1025 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-1943 (month) (day) (year)

(c) Cemetery or crematory Mt Zion
Location Baltimore Md

18 (a) Funeral director Charles H. Cooper
(b) Address 514 N. Calhoun St.

19 (a) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

FEB 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1943 at 4½ M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1943 to Feb 25 1943, and that I last saw h er alive on Feb 24 1943.

Immediate cause of death Toxemia — Duration
Due to Intestinal Obstruction
Due to Adhesions
Other Conditions Hepatitis
(Include pregnancy within 3 months of death)

Date of operation 2-23-43

Major findings of operation: Old Post Operative Adhesions, Enlarged Liver

of autopsy: Not obtained.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Baynes M.D.
Address Provident Hospital Date signed 2-26-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 01627 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3236 Cliftmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3236 Cliftmont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Core

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife Henry C Core
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1906

8. AGE: Years	Months	Days	If less than one day
37	0	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Lee Frederick
13. Birthplace Germany

MOTHER
14. Maiden Name Dot Koons
15. Birthplace Germany

16 (a) Informant Henry C Core
(b) Address 3236 Cliftmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1-1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Preston St

19 (a) FEB 28 1943 (b) Registrar Washington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25/43, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10-1943, to 2-25-1943, and that I last saw h.e.r alive on 2-25-1943.

Immediate cause of death	Duration
Acute dilatation of the heart	6 hours
Due to Broncho-pneumonia	15 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nelson C. Long M. D.
Address 211 Belair Rd Date signed 2-27-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Belleview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Belleview Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Kuebler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Wm Kuebler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3/1877

8. AGE: Years 65 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name John Zugmaier

13. Birthplace Austria

MOTHER 14. Maiden Name Barbara Semmens

15. Birthplace Germany

16 (a) Informant Mrs Wm Wagner

(b) Address 4310 Belleview Ave

17 (a) Burial (b) Date thereof Mar 1- 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location City

18 (a) Funeral director Ulrich Funeral Home

(b) Address 200 E Orleans St

19 (a) Waiting for Attorney's Report
(Date received by registrar)

FEB 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1942 to Feb 26 1943, and that I last saw h alive on Feb 24 1943

Immediate cause of death Carcinoma of Left Lung — Duration 1941

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J Stedtman M. D.

Address 25 W Lee St Date signed 2/26/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1203-5

G 01629

G 01629 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1318

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2034 Eastern Avenue St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Conrad Kuckuda

(a) Residence: No. 1733 Gough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Kuckuda

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Nicholas Kuckuda
(Address) 2034 Eastern Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 3/1/43 19

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St.

20. FILED FEB 28 1943 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1942 to Feb. 25 1943

I last saw h[illegible] alive on Feb 24 1943 Death is said to have occurred on the date stated above, at 3 05 A m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Advance Myocardial Insuff. Chr. Nephritis. Cardio-Vascular Decompensation.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Isaac J. Jenkins, M. D.

(Address) 1401 E. Pratt St.

V. S. 2

M. D. B. 1938-c

G 01630 HEALTH DEPARTMENT—CITY OF BALTIMORE G 01630

CERTIFICATE OF DEATH 131B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 228 S. Castle St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Rollins

(a) Residence: No. 228 S. Castle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Rollins

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs Georg Rollins

(Address) 238 S. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date March 2, 1943

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

FEB 28 1943 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1943 to Feb 26, 1943

I last saw h alive on Feb 25, 1943. Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis — Date of onset 3 days

Chronic nephritis

Other contributory causes of importance

Bronchial asthma — 1 yr

Name of operation Date of

What test confirmed diag Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

G 01631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

Registered No. G 01631

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 905 W. Lombard St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 905 W. Lombard St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mae A. Conway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Richard J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1887

8. AGE: Years	Months	Days	If less than one day
55	11	11	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER

12. Name Charles Peacock

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Amanda Gerhart

15. Birthplace Baltimore Md.

16 (a) Informant Mr Richard Conway

(b) Address 905 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Ave.

18 (a) Funeral director John J. Conway's Son

(b) Address 901 Hollins St.

19 (a) (Date rec'd by registrar) Mortician for Williams, M.D.

FEB 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 26th 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Feb 26 1943, and that I last saw h.r alive on Feb 26 1943.

Immediate cause of death Cirrhosis of the Liver — Duration 3 yrs

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury

23. Signature Chester J. Lubowski M.D.

Address 5217 Gwynn Oak Ave. Signed 2/27/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01632 DURRANCE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43a

Registered No. G 01632

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR USE PAPER CLIPS. THIS CERTIFICATE WILL BE SCANNED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Kelly Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bertha Durrance.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 23 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	10	5		

9. Birthplace Florida (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Gloria Lambert
(b) Address 423 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location U.S. Baltimore Co. Md.

18 (a) Funeral director Joseph Fulton
(b) Address Fulton & Fayette

19 (a) Filed (Date received by Registrar) MAR 1 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1943, at 8:31 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1943 to Feb 28 1943 and that I last saw h.e.r alive on Feb 28 1943.

Immediate cause of death	Duration
Circulatory failure	
Due to Vascular Accident	12 hrs.
Due to Hypertension	years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address Mercy Hospital Date signed 3/2/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 016333

016333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1346 W. Mosher St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1346 W Mosher St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Weisberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years 90 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Benjamin Rudman
13. Birthplace Russia

MOTHER
14. Maiden Name Rose ?
15. Birthplace Russia

16 (a) Informant Edward Weisberg
(b) Address 3710 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 MAR 1 - 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 1943 at 1.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1940 to Feb 28 1943. and that I last saw her alive on Feb 28 1943.

Immediate cause of death arterio-Sclerotic heart disease — Duration 3 years

Due to general arterio Sclerosis

Due to

Other Conditions heart block 36 hours

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. A. Michelson M. D.
Address 2270 Eutaw Pl Date signed 3/2/43

G 01634

BALTIMORE CITY HEALTH DEPARTMENT X 157E

CERTIFICATE OF DEATH

Registered No. G 01634

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Monkton (Rural) (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Zinkham (Thomas Edward Zinkham)
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Baby

6 (b) Name of husband or wife (1-3-43)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1943

8. AGE: Years — | Months — | Days 28 | If less than one day — hr. — min.

9. Birthplace Mercy Hospital, Balto, Md. (town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Benjamin C. Zinkham
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth Eva Hannibal
15. Birthplace Maryland.

16 (a) Informant Benjamin C. Zinkham
(b) Address Jacksonville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Jacksonville Reformed
Location Jacksonville, Balto. Co., Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28, 1943. at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943. to Feb 28 1943. and that I last saw h[illegible] alive on Feb. 24 1943.

Immediate cause of death Congenital Heart disease — Duration: life
Due to
Due to
Other Conditions Abscess of lung
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Lance M. D.
Address Mercy Hosp Date signed 2/28/43

VS 150

G 436353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 53

G 01635 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga. (b) County
(c) City or town Atlanta (If outside city or town limits, write RURAL and give town)
(d) Street No. 872 Glenbrook Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles B. Bishop, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Mrs. C. B. Bishop
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15-07

8. AGE: Years	Months	Days	If less than one day
35	2	13	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name C. B. Bishop
13. Birthplace Ga.

MOTHER
14. Maiden Name Kate "
15. Birthplace Georgia

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 2 43 (month) (day) (year)
(c) Cemetery or crematory Rutledge Ga
Location "

18 (a) Funeral director John O. Mitchell Sons
(b) Address 120 Eutaw Place

19 (a) MAR 1 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1943 at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1943 to Feb. 28 1943 and that I last saw him alive on Feb. 28 1943.

Immediate cause of death Pulmonary Embolism — Duration 40 minutes

Due to

Due to

Other Conditions Malignant Melanoma Metastatic — 6 years
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulmonary embolus - Melanoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Stone Jr.
Address Johns Hopkins Hospital Signed 2/28/43

VS 189

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 01636 — 9-4a — G 01636

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 N. Fulton Ave. 19 ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Goucher Dew

If U. S. Veteran specify WAR _____

(a) Residence: No. 325 N. Fulton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Martha Alford

6. DATE OF BIRTH (month, day, year): 11/13/1878

7. AGE — Years: 64 — Months: 3 — Days: 13/14 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Literary Edita

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Albert B. K. Dew

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Maggie C. March

16. BIRTHPLACE (city or town) (State or country): Balto, Md

17. INFORMANT: Mrs. Martha A. Dew

(Address) 325 N. Fulton Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Greenmount Date 3/4 19 43

19. UNDERTAKER: John D. Mitchell Funeral Dir.

(Address) 1900 Eutaw Place

20. FILED MAR 1 — 1943 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27, 1943

22. I HEREBY CERTIFY, That I attended deceased from August 19 43 to Feb 27 19 43

I last saw him alive on Feb 25 19 43 Death is said to have occurred on the date stated above, at 9.30 PM

The principal cause of death and related causes of importance were as follows:

acute Coronary Thrombosis — Duration 2 days

Other contributory causes of importance: Chronic Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H. Howard M. D.

(Address) 5101 Woodside Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 2

G 01637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G 01637
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not omit any known facts because you think they are not important. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3727 Edmondson Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3727 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Frederick Breyer

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 213-18-6578

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie V. Breyer
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1868

8. AGE: Years	Months	Days	If less than one day
74	2	15	____ hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Louis Breyer
13. Birthplace Germany

MOTHER
14. Maiden Name Earnestine Schlegel
15. Birthplace Germany

16 (a) Informant Mrs. Annie V. Breyer
(b) Address 3727 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) (Date received by registrar) MAR 1 1943 (b) Huntington Wolfe Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1943 at 3:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Feb 28 1943, and that I last saw him alive on Feb 27 1943

Immediate cause of death
Angina Pectoris (Coronary occlusion) — Duration: 3 mos.
Due to
Due to Mitral Stenosis and Mitral regurgitation — Duration: Several years.
Other Conditions (Rheumatic)

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bates I. Baggett M. D.
Address 3812 Greenmount Ave Date signed Feb 28 '43

G 01638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 30d G 01638

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Poplar Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME STEPHEN WESLEY PRICE

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 218 10 0900

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Amalia Stamp
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 28, 1883

8. AGE: Years	Months	Days	If less than one day
59	8	28	____ hr. ____ min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Draftsman-US Treasury Dept
11. Industry or business

FATHER
12. Name Charles Wm. Price
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Cornelia Louise Hetrich
15. Birthplace Savannah, Ga.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director W.J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) MAR 1 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1943 at 5:00 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10, 1943, to Feb. 26, 1943 and that I last saw him alive on Feb. 26, 1943

Immediate cause of death
Syphilitic heart disease with aortic regurgitation and aortic aneurysm — Duration Unk.
Due to
Due to
Other Conditions Ascites; hydrothoax; and nephrosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Stamm, M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 2/27/43

G 01639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01639 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 823 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY WEBSTER BOWEN

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Mary E. Bowen

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) March 31, 1862

8. AGE: Years 80 | Months 10 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business U. S. Postal foreman

FATHER
12. Name Levi Bowen
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Henrietta Truat
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Norma B. Touchton
(b) Address 823 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) MAR 1 - 1943 (Date rec'd by reg.) Hennington Williams, M.D. (Signature of Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26, 1943 9:05A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1943 to Feb 26 1943 and that I last saw h[illegible] alive on Feb. 24 1943.

Immediate cause of death

Cardiac thrombosis — Duration 2 days

Due to Bronchopneumonia — 3 yrs

Due to Arteriosclerosis — 4 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 3/1/43

G 01610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 016 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2715 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID MERCIER FULTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Roberta Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 9, 1862

8. AGE: Years	Months	Days	If less than one day
80	10	18	hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)
10. Usual Occupation Hardware Business
11. Industry or business Retired Wholesale

FATHER
12. Name David C. Fulton
13. Birthplace Loudon Co., Va.

MOTHER
14. Maiden Name Mary E. Mercier
15. Birthplace Howard Co., Md.

16 (a) Informant Miss Jean Fulton
(b) Address 2715 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 1 - 1943

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1943, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1943 to Feb 27 1943, and that I last saw h[illegible] alive on Feb 24, 1943

Immediate cause of death — Duration
(a) Uremia - sclerosis of myocardial degen — 10 yrs
Due to — 2 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H G Jones M. D.
Address 2708 N. Calvert Date signed 3/1/43

S 01641 — BALTIMORE CITY HEALTH DEPARTMENT — S 01641

CERTIFICATE OF DEATH 936

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A.
(c) City or town Linthicum Heights (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenwood Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Aubrey Cole (Aubrey Randolph Cole)

3 (b) If veteran, name war none

3 (c) Social Security Account No. 214-14-3184

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha Cole (Bertha Harman Cole) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1889

8. AGE: Years	Months	Days	If less than one day
53	9	26	hr. min.

9. Birthplace Maryland (Harmans) (Town, county, and state)
10. Usual Occupation Carpenter (farmer)
11. Industry or business

FATHER
12. Name Richard S. Cole
13. Birthplace Md. (Harmans)

MOTHER
14. Maiden Name Annie Foreman
15. Birthplace Md. (Woodlawn)

16 (a) Informant Mrs. Bertha Harman Cole
(b) Address Linthicum Heights, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory Friendship, A.A. Co. Location Anne Arundel Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 1 (Date received by Registrar) (b) 1943 Hunting for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943 at 11:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1943, to Feb. 27 1943, and that I last saw him alive on Feb. 27 1943.

Immediate cause of death	Duration
Uremia	
Due to Subacute Bacterial Endocarditis	
Due to Rheumatic Cardiovascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Rheumatic C.V. Disease Subacute Bact. endocarditis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Otto C. Sarbe, M. D.
Address Univ. Hosp. Date signed 3/2/43

G 01642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D Registered No. G 01642

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3822 Barrington Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3822 Barrington Rd.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SIDNEY LINDSAY C. BAWSEL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	none	male	white	none

6 (b) Name of husband or wife Marguerite
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1907

8. AGE: Years	Months	Days	If less than one day
35	2	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation musician
11. Industry or business

FATHER
12. Name Lewis Lindsay Bawsel
13. Birthplace Houston, Texas

MOTHER
14. Maiden Name Oriole F. Bawsel
15. Birthplace Crisfield, Md.

16 (a) Informant Mrs. Marguerite Bawsel
(b) Address 3822 Barrington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 1 - 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943 to Feb 26 1943. and that I last saw him alive on Feb 26 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	15 Minutes
Due to Arteriosclerosis	6 years
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. E. Bennett M. D.
Address 4509 Liberty Hgts. Date signed Feb 27

01643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30E

Registered No. 01643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) [illegible] years

2. USUAL RESIDENCE OF DECEASED:

(a) State S. C. (b) County

(c) City or town Sumter
(If outside city or town limits, write RURAL and give town)

(d) Street No. 522 West Liberty Street
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK RICHBERG CANTEY

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife: Adeline Cantey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1896

8. AGE: Years	Months	Days	If less than one day
46	0	5	hr. min.

9. Birthplace Sumter, South Carolina
(Town, county, and state)

10. Usual Occupation Helper on Truck

11. Industry or business

FATHER

12. Name Edward Cantey

13. Birthplace South Carolina

MOTHER

14. Maiden Name Louise Summons

15. Birthplace South Carolina

16 (a) Informant Records-US Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-43 (month) (day) (year)

(c) Cemetery or crematory Balto National

Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 1028 W Montgomery St

19 (a) 3/1/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1943 at 1:52 P M

21. I certify that death occurred on the date above stated: that I attended deceased from Nov. 30, 1942 to Feb. 24 1943, and that I last saw him alive on Feb. 24, 1943

Immediate cause of death	Duration
Uremia	5 days
Due to Arteriolar nephrosclerosis of kidneys	Unk.
Due to	
Other Conditions Syphletic valvulitis; Pneumococcaic Lobar Pneumonia (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify kind of place)

(e) Means of injury

23. Signature [signature] M. D.

Address US Marine Hospital Date signed 2/26/43
Baltimore, Md.

VS 150

01614 mgm 65770 BALTIMORE CITY HEALTH DEPARTMENT G 01614

CERTIFICATE OF DEATH 13 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Camel Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1925

8. AGE: Years	Months	Days	If less than one day
17	7	20	hr. min.

9. Birthplace Balto. Maryland (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name Samuel Wilson (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Della Harris
15. Birthplace Virginia

16 (a) Informant Balto. City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director Isaac L Bonn. Son
(b) Address 1850 Montgomery St

19 (a) MAR 1 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26-43 19 at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1941 to 2-26 1943, and that I last saw him alive on 2-26 1943.

Immediate cause of death: Tuberculosis of meninges — Duration 5 days
Due to: Pulmonary Tuberculosis — Duration 15 mos
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Hatt
Address Balto City Hosp. Date signed 2/26/43 M. D.

VS 150

C 01615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 170 C

Registered No. C 01615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto. General W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Leadenhall Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn Wing.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1938

8. AGE: Years	Months	Days	If less than one day
4	6	—	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Edward Wing
13. Birthplace Md

MOTHER
14. Maiden Name Cecil Tuck
15. Birthplace Va

16 (a) Informant Julia Tuck (m)
(b) Address 920 Leadenhall St

17 (a) Burial (b) Date thereof 3-2-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cy
Location A a Co Md

18 (a) Funeral director Josiah L. Brown & Son
(b) Address 408 W Montgomery St

19 (a) MAR 1 1943 (b) Huntington Williamsport Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25-1943, at 5:50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

Ruptured Liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: Bro

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 29/1

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 2-25-43 at 1.20 P.M

(c) Where did injury occur? Back alley
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)

(e) Means of injury Ran into an auto-truck

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 2-26-43

V8 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Type supplied. This

G 01646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93P

Registered No. G 61646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Colburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Winchester Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant John Colburn
(b) Address 222 N. Fremont Ave Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-43 (month) (day) (year)
(c) Cemetery or crematory Dulaney Valley
Location Ellicott City Md.

18 (a) Funeral director F. A. Kuyrkendall Jr.
(b) Address Ellicott City Md.

19 (a) (Signature of local registrar) (b) Registrar
Huntingtown Williams, Md.

MAR 1 1943
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943, at 7 25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & the question thereon and from the evidence obtained by said autopsy & inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 28 1943

C 01617

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 46E

Registered No. C 01617

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6803 Everall Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7903 Old Harford Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Peter N. Simon

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary C. Simon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15th. 1868

8. AGE: Years	Months	Days	If less than one day
74	6	12	hr. min.

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)
10. Usual Occupation Carpenter (Retired)
11. Industry or business General Building

FATHER
12. Name Peter Simon
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Meister
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Long
(b) Address 6803 Everall Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Ave. Balto. Co. Md.

18 (a) Funeral director Loeser Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Feb. 27th. 1943 19 at 11.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943 to 2/27 1943 and that I last saw him alive on 2/27 1943

Immediate cause of death Carcinoma of Colon — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Peyton Hall M.D.
Address 6703 Harford Rd. Date signed 3/1/43

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS 8

5 01648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

G 01618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-0-0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Hood North Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M. Curle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7 1885

8. AGE: Years	Months	Days	If less than one day
57	2	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John J. Curle
13. Birthplace Virginia

MOTHER
14. Maiden Name Pauline E. Gaure
15. Birthplace Georgia

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Wilkens Cook Inc
(b) Address 1217 St. Paul St.

19 (a) MAR 1 - 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1943, at 12-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Feb. 28 1943, and that I last saw him alive on Feb. 28 1943.

Immediate cause of death	Duration
Chronic Cataconosa of right buttock	2 mos.
Due to	
Due to	
Other Conditions Morbid Dejection	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 3 E. Read St. Date signed

VS 2

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01649 G 01649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: City Jail 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1343 E. Ramsay Street
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Samuel Hann

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	213 [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) March 24, 1865

8. AGE: Years	Months	Days	If less than one day
77	11	15	hr. _____ min. _____

9. Birthplace Carroll Co Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Samuel Hann
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Mandilla Utz
15. Birthplace Carroll Co. Md

16 (a) Informant Herman Hann
(b) Address 3951 Falls Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hampden Baltimore Md
18 (a) Funeral director Wilson Conduse
(b) Address 1219 E Fayette St
19 (a) Date received by registrar MAR 1 1943 (b) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26-1943, at 7:20 A.M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation _____
Major findings of operation: _____
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____
23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-26-43

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any erasure or interlineation should be explained.

C 01650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No. C 01650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 E. Eager st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Margaret Ostendorf

3 (b) If veteran, name war: No
(c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed or divorced: Married
6 (b) Name of husband: Henry F. Ostendorf
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Mar 1868
8. AGE: Years: 74 | Months: 11 | Days: | If less than one day: hr. min.
9. Birthplace: Balto. Md.
(Town, county, or state)
10. Usual Occupation: Housework
11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Catherine Dalton
(b) Address: 809 N. Collington Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 2 1943 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem
Location: Woodlawn, Md.
18 (a) Funeral director: William Cook Inc
(b) Address: MAR 1 1943 St. Paul st
19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943. No. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1943. to Feb 26 1943. and that I last saw her alive on Feb 23 1943.

Immediate cause of death: Lobar Pneumonia — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:
23. Signature: M. M. Fetterman
Address 7324 Reisterstown Rd Date signed: M. D. 2/26/43

VS 160

G 61651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01651 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Fairvale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Guild

3 (b) If veteran, name war —

3 (c) Social Security Account No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 14, 1866

8. AGE: Years 76 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER 12. Name Frederick Cole

13. Birthplace Troy, Penna

MOTHER 14. Maiden Name Sarah Nichols

15. Birthplace Troy, Penna

16 (a) Informant Lizzie McClymont

(b) Address 437 E. Lanvale St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar 2 1943 (month) (day) (year)

(c) Cemetery or crematory Odd Fellows

Location Sanford, Del

18 (a) Funeral director Wilkins Cook Inc

(b) Address 421 Park Ave St

19 (a) MAR 1 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28- 1943 at 2 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest on and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maslanka M.D. Medical Examiner.

Date signed 3-1-43

VS 6

C 01652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 01652

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen Daily

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Michael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Lawrence Conway
13. Birthplace ?

MOTHER
14. Maiden Name Bridget Tracy
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) MAR 1 - 1943 Huntington Williams M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943 at 8 p. m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 - 1943 to Feb 27 - 1943, and that I last saw her alive on Feb 27 - 1943.

Immediate cause of death: Edema of Lungs — Duration: 1 day
Due to: Chronic Myocarditis — 5 yrs
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed Mar 2 1943

G 01653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01653 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3122 Woodland Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Mr. Louis Zeretti

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-03-0711

4. Sex M | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife Catherine Zeretti
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14 1878

8. AGE: Years 64 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Vincent Zeretti
13. Birthplace Italy

MOTHER
14. Maiden Name Luccia ? —
15. Birthplace Italy

16 (a) Informant Catherine Zeretti
(b) Address 3122 Woodland Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** March 3/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) Date received MAR 1 1943 (b) Registrar Huntington Williams M.D.

NW 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1943 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943 to 27 1943 and that I last saw h[illegible] alive on Feb 27 1943

Immediate cause of death Circulatory failure — **Duration** 2 yr.
Due to Heart failure
Due to
Other Conditions (over)

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mayburn M. Gf M. D.
Address Mercy Hospital **Date** 3/1/43

G C1654 G 01654

430637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 8th. Street. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black.	married

6 (b) Name of husband or wife Moss
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 2-?-13

8. AGE: Years	Months	Days	If less than one day
30	A		hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Calhoun
13. Birthplace Va.

MOTHER
14. Maiden Name Daisy Combo
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 1, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Creve Virginia

18 (a) Funeral director Mrs. Robert A. Elliott + Dgt
(b) Address 1129 N. Caroline St. Baltimore Md.

19 (a) MAR 1 - 1943 Huntington
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1943 at 12 M. 15

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1943 to Feb. 28 1943 and that I last saw her alive on Feb. 28 1943.

	Duration
Immediate cause of death Meningitis	2 days
Due to Type 7 pneumococcus	
Due to Bilateral mastoiditis	?? weeks
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2/27/43
Major findings of operation: Purulent M. mastoiditis
of autopsy: Purulent meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Thewlis
Address Johns Hopkins Hosp Date signed 2/28/43

VS 250

G 01655 BALTIMORE CITY HEALTH DEPARTMENT G 01655
CERTIFICATE OF DEATH 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Orleans Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Orleans Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Morris Schwartz
3 (b) If veteran, name war No
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Sarah Schwartz
6 (c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) Unknown 1875
8. AGE: Years 68 Months — Days — If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Clothing industry
FATHER 12. Name Paul Schwartz
13. Birthplace Poland
MOTHER 14. Maiden Name Esther Nadelberg
15. Birthplace Poland
16 (a) Informant Paul M. Schwartz
(b) Address Poughkeepsie N.Y.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Phil Rd & Hamilton Ave
18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St
19 (a) MAR 1 1943 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH 2-28- 1943 at 4:05 AM
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy from the date and from the evidence (Autopsy or Inquiry) obtained by and Autopsy and Inquiry that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 3-1-43

VS 6

G 91656 — BALTIMORE CITY HEALTH DEPARTMENT — G 91656

CERTIFICATE OF DEATH

83a — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 E. Balto. St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 E. Balto. St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Block

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Miriam Block
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Paperhanger (Self)

11. Industry or business

FATHER
12. Name Meyer Block
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Charles Block (Son)
(b) Address 1627 E. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Maryland Lodge

18 (a) Funeral director Jack Fenus Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar
MAR 1 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28-43 19 at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to Feb 28 1943, and that I last saw h~~im~~ alive on Feb 27 1943.

Immediate cause of death Cerebral Hemorrhage and Hemiplegia — Duration

Due to

Due to

Other Conditions Prelim. Congestion

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas F Block M. D.
Address 20 E Preston Date signed 3/1/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01657 ✓ G 01657 937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1000 Granby St
(b) Street address 107 S. Exeter St
(c) Hospital or institution: ✓ 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S. Exeter
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME (Mrs) Fannie Galoow

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Harris Galoow
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 25- 1855

8. AGE: Years	Months	Days	If less than one day
88	-	3	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Abraham Israelson
13. Birthplace Russia

MOTHER
14. Maiden Name Yenta Schwartz
15. Birthplace Russia

16 (a) Informant David Galoow
(b) Address 107 S. Exeter St

17 Burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Henry Rom
Location Rogers Forge

18 (a) Funeral director Jack Gainsboro
(b) Address 1432 E. Baltimore St

19 (a) MAR 2 (Registrar's signature) Livingston Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1943, at 11 06 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 26 1943 to Feb 28 1943, and that I last saw him alive on Feb 27 1943.

Immediate cause of death	Duration
Arterio sclerosis	
Myocarditis	
Due to	
Due to	
Other Conditions Cerebral hemorrhage and acute cardiac dilatation	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Kaplan M. D.
Address 2306 Eutaw Pl Date signed 2-28-43

VS 180

C 01658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 01658 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Longwood St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Longwood St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Bledsoe Fallon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles J. Fallon
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1872

8. AGE: Years	Months	Days	If less than one day
70	6	11	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Robert H. Bledsoe
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Jane Walker
15. Birthplace Pa.

16 (a) Informant Mr. Charles J. Fallon
(b) Address 2109 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1909 Eutaw Place

MAR 1 - 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1943, at 4.50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1939 to Feb 27 1943 and that I last saw her alive on Feb. 26 1943

Immediate cause of death Coronary thrombosis — Duration ?
Due to arteriosclerosis — ?
Due to Hypertension — 4 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Wetherbee Fort M. D.
Address 20 E. Preston St. Date signed

VS 180

Wetherbee Fort

430587

G 01659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 01659 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 Spring Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Freeman
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Annabelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-81

8. AGE: Years	Months	Days	If less than one day
61 62	9	17	hr. min.

9. Birthplace NC (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Frank Freeman
13. Birthplace NC.

MOTHER
14. Maiden Name Annie ?
15. Birthplace NC.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Baltimore Co. Md
18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St
19 (a) [illegible] (Signature of registrar) Huntington Williams M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1943 at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943 to Feb 27 1943 and that I last saw he alive on Feb 27 1943.

Immediate cause of death: Cardiac failure — Duration: 7

Due to: Arteriosclerotic heart disease — 5 years

Due to:

Other Conditions: Diabetes mellitus, Diabetic gangrene L leg
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Sans. Fibrinous pericarditis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hospital Date signed 2/28/43 M. D.

G 01660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01660 Registered No.

193

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lunacy, Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Maca ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Hart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife Barbara Hartlebb

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) Dec 23, 1896

8. AGE: Years	Months	Days	If less than one day
46 45	2	2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Md. Dry Dock

FATHER
12. Name Charles Hart
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Link
15. Birthplace Md.

16 (a) Informant Barbara Hart.
(b) Address 929 Maca Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/43 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John F. Connelly
(b) Address 418 Eastern ave. Essex

19 (a) MAR 1 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25- 1943, at 2.05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Electrocution

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-25-43 at 1.40 P.M.
(c) Where did injury occur? Md. Dry Dock (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? yes
(e) Means of injury Electricity - Welding machine

23. Signature Howard J. Truesdale M.D.
Medical Examiner.

Date signed 2-26-43

VS 6

G 01661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 01661 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens Ave
(c) Hospital or institution: St Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N Milton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Weisinger

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Martha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5 - 1872

8. AGE: Years	Months	Days	If less than one day
70	3	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Head Baker
11. Industry or business Bakery

FATHER
12. Name Joseph.
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace Germany.

16 (a) Informant John W. Weisinger
(b) Address 2554 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43 (month) (day) (year)
(c) Cemetery or crematory Loyola Cathedral
Location Baltimore

18 (a) Funeral director George L. Lehnert
(b) Address 2101 Pulaski Ave

19 (a) MAR 1 1943 (Date filed by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1 1943. at 7:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1943 to 3-/1 1943.
and that I last saw h/m alive on 2/1 1943.

Immediate cause of death	Duration
Peritonitis	2 days
Due to Carcinoma of colon	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2/28
Major findings of operation: Carcinoma of colon
of autopsy: Obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Dwyer M.D.
Address St Agnes Hosp Date signed 3/1/43 M. D.

VS 150

G 01632

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01662

CERTIFICATE OF DEATH 146 c

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and [illegible]. The [illegible] UNFADING INK. Every item of information should be [illegible] supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 W. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Stoffregen. F 70409

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	married

6 (b) Name of husband or wife Charles Stoffregen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years	Months	Days	If less than one day
22.			hr. min.

9. Birthplace Tennessee (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Paul Sievers
13. Birthplace Tennessee

MOTHER
14. Maiden Name not known
15. Birthplace

16 (a) Informant Marie Stoffregen.
(b) Address 1322 W. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 2 / 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director George L. Lefevre
(b) Address 2 / 1943 Frederick Ave

19 (a) MAR 1 - 1943 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1943, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1943, to 2/27 1943, and that I last saw h[illegible] alive on 27 1943

Immediate cause of death, cardiac failure — Duration: over

Due to anemia

Due to Shock from post partum hemorrhage.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: C. V. Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address University Hospital Date signed 2/27

VS 8

G 01663 — 78291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01663 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S. Madeira St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Felecia Brokowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Michael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 21 1879

8. AGE: Years	Months	Days	If less than one day
64	0	6	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Paul Luniewski
13. Birthplace Poland

MOTHER
14. Maiden Name Mery Anna ?
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 (a) [redacted] (Date rec'd by registrar) (b) Huntingtown Williamsport Md (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27- 1943 at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30-42 to 2-27-1943 and that I last saw her alive on 2-27-1943

Immediate cause of death
Lobar pneumonia — Duration 3 days
Due to Diabetes mellitus — gro
Due to
Other Conditions diabetic gangrene of left leg
(Include pregnancy within 3 months of death)
Date of operation 1-11-43; 2-7-43
Major findings of operation: gangrene of left leg
of autopsy? not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Schmeder M. D.
Address Balto. City Hosp Date signed 2-27-43

VS 188

G 01664 ✓ G 01664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 W Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Leaverton
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary K. Leaverton
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Aug 12 - 1863

8. AGE: Years	Months	Days	If less than one day
79	6	1st 18	hr. min.

9. Birthplace Kent Co. Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William J. Leaverton Jaurd
13. Birthplace Kent Co. Md

MOTHER
14. Maiden Name Frances Smith
15. Birthplace Kent Co. Md.

16 (a) Informant Mary K. Leaverton
(b) Address 105 Carey St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Christ Church Cem.
Location Christ Church Md.

18 (a) Funeral director William W. Strain Inc
(b) Address 4120 Edmondson Ave
(c) Thurlington Williams (Registrar)
(Date rec'd by registrar) MAR 1 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943 19 at 12 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1942 to Feb 26 1943
and that I last saw him alive on Feb 26 1943.

Immediate cause of death Heart failure — Duration

Due to Chronic myocarditis
chronic nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton Seaquist M. D.
Address 1729 W Fayette (Date signed 2/28/43)

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and fully. The entries must be made in ink. Every item of information should be supplied.

G 01665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G 01665 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N. Exeter St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Italy

3 (a) FULL NAME (GIUSEPPE) Joseph Mantegna

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1887

8. AGE: Years 56 | Months | Days 20 | If less than one day: hr. min.

9. Birthplace Calascibetta Italy (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Signorino Mantegna
13. Birthplace Italy

MOTHER
14. Maiden Name Paula Castello
15. Birthplace Italy

16 (a) Informant Mary Debole (Step daughter)
(b) Address 710 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7-43 (month) (day) (year)
(c) Cemetery or crematory St. Vincent
Location Baltimore Md

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Monroe St

19 (a) FILED MAR 1 1943 (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943, at 8 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Multiple stab wounds of neck

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Was autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Feb. 27 1943 at 2 45 P M
(c) Where did injury occur? North Ave & Wolfe St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify type of place)
(e) Means of injury Stabbed with knife

23. Signature Robert Lee Gutelius M.D. Medical Examiner

Date signed Feb 27 1943

G 01656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01656 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 721 E. 20th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days): ---
(e) Length of stay in Baltimore (yrs., mos., or days): 90 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: --------
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 721 E. 20th Street
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country: --------

3 (a) FULL NAME: Annie Louise Dill

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: William H. Dill
6 (c) If alive, give age: 90 years

7. Birth date of deceased (mo., day, yr.): April 1, 1852

8. AGE: Years	Months	Days	If less than one day
90	10	26	--hr. --min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: -----

FATHER
12. Name: John H. Dumler
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Dill
15. Birthplace: Germany

16 (a) Informant: William P. Dill
(b) Address: 5934 Liebig Ave. Riverdale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: Ha. U. Mears & Son
(b) Address: 805 N. Calvert Street

19 (a) MAR 1 1943 (b) Registrar
Filed (year)
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/27/1943 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5/1943 to 2/27/1943 and that I last saw h Er alive on 2/26/1943.

Immediate cause of death: Myocardial Insufficiency — Duration: 4 days
Due to: Myocarditis — 1 year
Due to: Arteriosclerosis — ?
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Herman F. Mark
Address: 532 E 22nd Date signed: 3/1/43

G 01667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 01667

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1419 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --14
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County --------
(c) City or town Salem
(If outside city or town limits, write RURAL and give town)
(d) Street No. 395 Lafayette Street
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Alma Grace Atkinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) March 25, 1873

8. AGE: Years	Months	Days	If less than one day
69	11	2	---hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation --------
11. Industry or business Antique Dealer

FATHER
12. Name John W. Atkinson
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Maria Seccombe
15. Birthplace Baltimore, Maryland

16 (a) Informant Dr. Alan M. Chesney
(b) Address 1419 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) MAR 1 - 1943 (Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26, 1943, to Feb. 27, 1943, and that I last saw her alive on Feb. 26, 1943.

Immediate cause of death	Duration
Arteriolar sclerosis	
Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operations
Chronic Nephritis.
of autopsy: Arteriosclerosis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles A. Chesney M. D.
Address 1417 Eutaw Place Date signed 3/1/43.

42937

G 01668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G 01668 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 W. Madison St. (If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME George Gunther
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife Ernestine Chambers
6 (c) If alive, give age -- years
7. Birth date of deceased (mo., day, yr.) 4-20-76
8. AGE: Years 66 Months 10 Days 7 If less than one day --hr. --- min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name George Gunther
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Lehlanger
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Date rec'd by reg.) MAR 1 - 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943 at 7 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1943 to Feb 27 1943, and that I last saw him alive on Feb 27 1943.

Immediate cause of death Cardiac Failure; (A-S. Ht Dis) — Duration 12 hrs

Due to Acute pyelonephritis — Duration 36 hrs

Due to Carcinoma of Prostate Gland — Duration 4 yrs

Other Conditions Anemia

(Include pregnancy within three months of death)
Date of operation 2/18/43.
Major findings of operation: Carcinoma of prostate gland.
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Lemmon M.D.
Address Johns Hopkins Hosp. Date signed 3/28/43

JL - 79964 G 01669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 01669 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Bohlman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26th 1884

8. AGE: Years 58 59 Yrs | Months 2 | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name William Bohlman
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Koenig
15. Birthplace U. S. A.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave. Est

18 (a) Funeral director Leo G. Crook
(b) Address 1701-03 N. Patterson Park Ave

MAR 1 - 1943 Huntington Md. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26-1943 at 6 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-1943 to 2-26-1943 and that I last saw h[illegible] alive on 2-26-1943

Immediate cause of death: Bronchopneumonia — Duration: 5 days
Due to: Emphysema
Due to: Arteriosclerotic heart disease — Duration: yrs 5 days
Due to: Cellulitis Lgs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Cardiac enlargement Bronchopneumonia Emphysema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify which place)
(e) Means of injury

23. Signature Paul E. Smith, M.D.
Address Balto City Hosp Date signed 3-3-43

01670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

G 01670 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4615 Pennington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John M. Bawroski

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-6027

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Magdalena

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 1-26-1893

8. AGE: Years	Months	Days	If less than one day
50 years	1	1	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Shipfitter Helper

11. Industry or business U.S. Coast Guard

FATHER
12. Name Michael Bawrowski
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine Ziemba
15. Birthplace Poland

16 (a) Informant Magdaline Bawrowski
(b) Address 46 15 Pennington Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A-A. Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1943 at 3 25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1943 to Feb. 27 1943, and that I last saw him alive on Feb. 8 1943.

Immediate cause of death Endocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Endocarditis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mangano, M. D.
Address 1213 Light Street Date signed 2-27-43

VS 180

01671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a G 01671 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Calvert
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Paine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roy Edward Kohler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1942

8. AGE: Years	Months	Days	If less than one day
	4	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Louis Kahler
13. Birthplace Maryland

MOTHER
14. Maiden Name Charlotte M. Wilhide
15. Birthplace Maryland

16 (a) Informant father.
(b) Address 3600 Paine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2-1943 (month) (day) (year)
(c) Cemetery or crematory St Mary's Hampden
Location Baltimore Md.

18 (a) Funeral director Horace G. Burgee
(b) Address 3621 Falls Road

19 (a) (Date rec'd by registrar) (b) Harrington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943, at 7 10 PM

21. I certify that death occurred on the date above-stated, that I attended deceased from Feb. 27 1943 to Feb 27 1943 and that I last saw h[illegible] alive on Feb 27 1943

Immediate cause of death Aspiration - Resp - Circulatory - collapse — Duration

Due to Acidosis, Dehydration Anemia, Malnutrition, Otitis media, Diarrhea Convulsions

Other Conditions Possible Lymphatic Leukemia (WBC 100,000 - delayed)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Metastatic lymphadenosis Peritoneal hemorrhage - Intestine

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen Bowie, M. D.
Address Union Memorial Hosp. Date signed 2/27/43

G 01672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

G 01672 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LEAVING MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4508 Ashenley Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4508 Ashenley Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ethel Irene Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward R. Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1893

8. AGE: Years 49 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (town, county, and state)

10. Usual Occupation At Home

11. Industry or business

MOTHER | FATHER
12. Name John M. Bortner
13. Birthplace Pennsylvania
14. Maiden Name Mary Jane Stockdale
15. Birthplace Maryland

16 (a) Informant Edward R. Miller
(b) Address 4508 Ashenley Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7 1943 (month) (day) (year)
(c) Cemetery or crematory St Pauls
Location Arcadia, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

MAR 1 — 1943 (Date received by registrar) (b) Registrar

VS 180

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1941 to Feb. 27 1943, and that I last saw her alive on Feb 27 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 5 hours

Due to Hypertension 240-140 — 150 to 20 yrs

Due to Acute Jaundice with resulting Mitral Insufficiency & Enlarged Liver with Acute Nephritis or Toxic — 6 mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature H. Gibson Porter, M. D.
Address 4822 Roland Ave Date signed 2/2/43

G 01673 ✓ G 01673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316 Union Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Union Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country.

3 (a) FULL NAME Annie M. Hahn

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 3-1874
8. AGE: Years 68 | Months 11 | Days 28 | If less than one day: hr. min.
9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Hahn
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Freeman
15. Birthplace Germany

16 (a) Informant Albert Hahn
(b) Address 1316 Union Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3-1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Horace E. Burgee
(b) Address 3621 Falls Road.

MAR 1 - 1943 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1- 1943, at 2:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st, 1941 to Mar 1st 1943 and that I last saw her alive on Feb 28th 1943

Immediate cause of death Myocarditis — Duration: 2 wks

Due to Fatty Liver — Duration: 2 wks

Due to Chronic Interstitial Nephritis — Duration: 10 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Fuller M.D.
Address 314 Forest Ave. Date signed 3/1/43

VS 180

G 01674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G 01674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 W. Lanvale Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. 067-14-3860

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1916

8. AGE: Years	Months	Days	If less than one day
26	5	26	hr. min.

9. Birthplace Douglas Co. Ga.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Taylor
13. Birthplace S.C.

MOTHER 14. Maiden Name Mattie Lockley
15. Birthplace Walterboro S.C.

16 (a) Informant Julius R. Lockley
(b) Address 1615 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) 1922 Division St

19 (a) MAR 1 - 1943 (b) Huntington Pennsylvania
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26- 1943 at 12 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Gunshot wound of neck — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2-26-43 at 11.50 P.M
(c) Where did injury occur? Cor. Belmont Ave & Lafayette Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Revolver fire-arm

23. Signature Howard J. Chesser M.D.
Medical Examiner.
Date signed 2-26-43

V8 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. THIS CERTIFICATE, WITH UNFADING INK. Every item of information should be carefully supplied. The

G 01675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 01675 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 Bennet Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Bennet Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Walker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hoge Walker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1884

8. AGE: Years 58 | Months 9 | Days 2 | If less than one day: hr. min.

9. Birthplace Head Nek AA Co (town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Ezekiel Johnson
13. Birthplace AA Co Md

MOTHER 14. Maiden Name Louise Colbert
15. Birthplace AA Co Md

16 (a) Informant Standale Lacy
(b) Address 931 Bennet Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 MAR 1 - 1943 (Date rec'd by registrar) (A) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943 Feb 26 1943 and that I last saw him alive on Feb 25 1943

Immediate cause of death: Cerebral Apoplexy — Duration

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. T. Howard M. D.
Address 121 N Carrollton Ave Date signed

VS 189

G 01676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 01676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 527 Burgundy
(b) Street address 527 Burgundy st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balt
(If outside city or town limits write RURAL and give town)
Street No. 527 Burgundy
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Sneak

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Bowerman Calvert Co
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business None

FATHER
12. Name Isaiah Boone
13. Birthplace Calvert County

MOTHER
14. Maiden Name Lillie Boone
15. Birthplace Calvert County

16 (a) Informant Susie Pree
(b) Address 527 Burgundy st

17 (a) (Burial, cremation, or removal) (b) Date thereof March 5 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. C.

18 (a) Funeral director Ernest Price
(b) Address 139 W Hamburg st

19 (a) 1 — 1943 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28/43 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1943 to 2/28 1943 and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage — Duration 2 hrs
Due to
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations None
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hewlett Coursey M.D.
Address 1131 Harlem Ave Date signed 3/1/43

VS 3

430343
4 G 01677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

G 01677
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 E. Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDNA Bitner (Edna E. Bitner)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: John L.
6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): 10-16-96

8. AGE: Years 46 | Months 4 | Days 11 | If less than one day: hr. min.

9. Birthplace: Harrisburg PA (Town, county, and state)
10. Usual Occupation: H. Wife
11. Industry or business

FATHER
12. Name: William R. Porter
13. Birthplace: York Co., PA

MOTHER
14. Maiden Name: Elizabeth Wilson
15. Birthplace: Cumberland Co PA

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory: Chestnut Hill
Location: Mechanicsburg, Pa.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) 3/1/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1943, at 2.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1943, to Feb 27 1943 and that I last saw h. alive on Feb 27 1943.

Immediate cause of death: 1 2 & 3 Lepel fractures
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, [redacted]
(b) Date of occurrence 2-22-43 at about 3PM
(c) Where did injury occur? Balt Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Highway (Specify type of place) While at work?
(e) Means of injury Believed she was using a Candle and ran to light

23. Signature: [illegible]
Address: Johns Hopkins Hospital Date signed 2-27-43
Howard E. Lineaweaver, M.D.

G 01678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

G 01678
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 St. Paul St.
(c) Hospital or institution:

12 N

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 9404 St. Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES ROBERT KEARNEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Lucy Buck Kearney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1859

8. AGE: Years	Months	Days	If less than one day
83	11	2	hr. min.

9. Birthplace Altoona, Pa.
(Town, county, and state)
10. Usual Occupation Retired Ass't. to V. P.
11. Industry or business B. & O. R. R.

FATHER
12. Name James Kearney
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Black
15. Birthplace Ireland

16 (a) Informant Mr. C. J. Kearney
(b) Address 5002 Embly Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1943, to March 1 1943, and that I last saw h[illegible] alive on Feb 25 1943

Immediate cause of death: Uremia - Nephritis
Myocardial degen — Duration: 15 yrs

Due to — Duration: 1 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H G Jones
Address 2818 St Paul Date signed 3/1/43

VS 8

Please see that every question is answered. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

G 01679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No.

G 01679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1626 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore - 1626 McCulloh St. (Town, county, and state)

10. Usual Occupation newborn

11. Industry or business

FATHER
12. Name Calvin Williams
13. Birthplace Edenton, N.C.

MOTHER
14. Maiden Name Catherine McCullin
15. Birthplace Gaver, N.C.

16 (a) Informant Calvin Williams
(b) Address 1626 W. Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 1 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (Date rec'd by registrar) MAR 1 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1943, at 9 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1943 to Feb 16 1943, and that I last saw h[illegible] alive on Feb 16 1943.

Immediate cause of death: Lobar Pneumonia — Duration

Due to Atelectasis

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Hayes

Address Garrison & Hatfield Date signed 2-25-43 M. D.

VS 3

9648

G 01630 ✓ G 01630

430355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County
(c) City or town High Point (If outside city or town limits, write RURAL and give town)
(d) Street No. Route #1 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eddie P. Jacobs

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Luba
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 10-27-80

8. AGE: Years	Months	Days	If less than one day
62	04	4	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Sheet metal
11. Industry or business Owner

FATHER
12. Name Asiah Jacobs
13. Birthplace

MOTHER
14. Maiden Name Rebecca Bowling
15. Birthplace Texas

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/1/43 (month) (day) (year)
(c) Cemetery or crematory High Point
Location North Carolina

18 (a) Funeral director William Cook Inc
(b) Address 217 St Paul Street

19 (a) MAR 1 - 1943 (Entered by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1943 to March 1 1943 and that I last saw him alive on March 1 1943

Immediate cause of death Cerebral vascular accident.

Due to Cerebral arteriosclerosis

Due to

Other Conditions Malignant sporadic cord tumor, partially removed

(Include pregnancy within 3 months of death)

Date of operation Feb 23, 1943

Major findings of operation: Malignant cord tumor

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving J. Sherman M. D.
Address Johns Hopkins Hosp. Date signed 3-1-43

VS 150

G 01631
mgm

79618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125W

✓ G 01631
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1548 Argyle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Cora Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1898

8. AGE: Years	Months	Days	If less than one day
45	1	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business Browns Meat Market

FATHER
12. Name James E. Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Carroll
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 4 43
(month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Co.
Location Baltimore Md.

18 (a) Funeral director Walter P. Spriggs
(b) Address 134 N. Hanover St.

19 MAR 2 — 1943 Huntington Williams, M. D.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1943, at 5:11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1943 to 2-28 1943, and that I last saw h[illegible] alive on 2-28 1943.

Immediate cause of death Tuberculosis of abdominal glands & liver — Duration Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balt. City Hosp Date signed 3-4-43

G 01682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

G 01682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 40 N. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB KRIEGER.

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1918

8. AGE: Years 24 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Cleaner

11. Industry or business

FATHER
12. Name Harry Krieger
13. Birthplace Poland

MOTHER
14. Maiden Name Rebecca —
15. Birthplace Poland

16 (a) Informant Elmore Burtnick
(b) Address 234 Herring Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-43 (month) (day) (year)
(c) Cemetery or crematory Nelson Herring Run
Location Brooklyn Lane

18 (a) Funeral director Jack Levin Inc
(b) Address 1438 E. Balto. St

19 (a) (Date received by registrar) MAR 2 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1/43 19 , at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18/43 19 , to 3/1 19 43. and that I last saw him alive on 3/1/43 19 .

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: Stem cell Leukemia

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Shorofsky, M.D.
Address Sinai Hospital Date signed 3/1/43

VS 1

G 01683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 300

G 01683 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 N. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 N. Washington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucrecia B. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband ~~or wife~~ Fred Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 26, 1864

8. AGE: Years 78 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Joseph Bright
13. Birthplace N.C.

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Mr. Milton Weavy
(b) Address 1807 N. Washington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) [illegible] (Registrar) Huntington Williams M.D.

MAR 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1943, to Feb 27 1943, and that I last saw her alive on Feb 27 1943.

	Duration
Immediate cause of death: Cardiac Failure	2 days
Due to Arteriosclerotic Heart Disease	10 yrs
Due to	
Other Conditions: ? abdominal Aneurysm	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce M. D.
Address 2105 N. Charles St Date signed Mar 4 '43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-01684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G-01684 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Light St.
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Patapsco Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William C. Gaus, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-6349

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Florence H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1909

8. AGE: Years	Months	Days	If less than one day
34	-	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business American Sugar

FATHER
12. Name George Gaus
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Trieman
15. Birthplace Md.

16 (a) Informant Mrs. Florence M. Gaus
(b) Address 521 Patapsco Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie Md.

18 (a) Funeral director William M. Marack
(b) Address 718 Light St. Williamsport, Md.

19 (a) MAR 2 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943 at 8 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions Hist. of angina pectoris
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Feb. 28 1943

VS 6

G 01685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

G 01685 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEMORY RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Crain Highway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Mewshaw Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5 - 1879

8. AGE: Years	Months	Days	If less than one day
64	1	26	hr. min.

9. Birthplace Glen Burnie (Town, county, and state)
10. Usual Occupation General Merchandise Store
11. Industry or business

FATHER
12. Name William D. Mewshaw
13. Birthplace Md

MOTHER
14. Maiden Name Eliza Donaldson
15. Birthplace Md

16 (a) Informant Mrs Mary L Mewshaw
(b) Address Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) Filed by registrar Huntington Williams Registrar
(b) Date received

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1 1943 7:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1943 to 3-1 1943.
and that I last saw h[illegible] alive on 19

Immediate cause of death Bronchogenic carcinoma Rt — Duration apparent 1 month

Due to

Due to

Other Conditions Rt. pleural effusion
Coronary disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elizabeth D Skemill M. D.
Address University Hosp. Balto. Md Date signed 3-1-43

G 01636 mgm

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

G 01686

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Aven.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Penna. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
45 ?			hr. min.

9. Birthplace Alabama
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 3 2 1943

(c) Cemetery or crematory Mount Calvary
Location

18 (a) Funeral director Adolphus Halsted
(b) Address 9 E. Lexington St.

19 (a) MAR 2 1943 (b) Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1 1943, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1943 to 3-1 1943.
and that I last saw h[illegible] alive on 3-1 1943.

Immediate cause of death Pneumococcal meningitis
Bronchopneumonia

Duration 1 week ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 3-4-43

Huntington Williams, M.D.

G 01637 ✓ G 01687

AB-80033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1/2 17
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 Shields Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Dolan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-1886 ?

8. AGE: Years 57? Months ? Days ? If less than one day hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name ?

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 9 1943 (Month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A.A. County

18 (a) Funeral director Adolphus Hall

(b) Address 918 Druid Hill Ave

19 (a) (Date filed) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1943 at 9 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1943 to 2-24 1943 and that I last saw h[illegible] alive on 2-24 1943.

Immediate cause of death ? Hodgkin's disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ? Hodgkin's disease

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.

Address Balto. City Hosp Date signed 2-28-43

C 01688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

C 01688 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 687 Vine St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gilbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Hartford County, Md. (Town, county, and state)

10. Usual Occupation Old Age

11. Industry or business

FATHER
12. Name Alfred Gilbert
13. Birthplace Hartford County, Md.

MOTHER
14. Maiden Name Molly Giles
15. Birthplace Hartford County, Md.

16 (a) Informant Evelyn Adams
(b) Address 687 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) MAR 2 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943, at 2 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquisition thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy & inquisition (Autopsy or Inquiry) that said deceased came to her death on the day stated above.

Immediate cause of death 2nd and 3rd degree burns — Duration

Due to

Due to

Other Conditions Arteriosclerotic cardio vascular disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: NS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 10 1943 at M
(c) Where did injury occur? 687 Vine St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No (Specify type of place)
(e) Means of injury Conflagration of home

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb 27 1943

VS 6

Register No. G 01689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Register No. G 01689

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 31
(d) Length of stay in hospital or inst. (yrs., mos., or days) D O A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 S. Bethel St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1890

8. AGE: Years	Months	Days	If less than one day
52	5	28	hr. min.

9. Birthplace Tennessee
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Dipie Randolf
(b) Address 228 S. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly Ave

19 (a) MAR 2 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1943, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy believe that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb 16. 1943

VS 6

Typewrite or print in ink. Every item of information should be given if possible. Physicians: please write the causes of death clearly and legibly. Especially important. Physicians: please write the causes of death clearly and legibly.

G 01690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 01690 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 Aliceanna Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Aliceanna Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Arendt

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Michael Arendt
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) April 12-1880

8. AGE: Years	Months	Days	If less than one day
62	10	17	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Stanislaw Janowski
13. Birthplace Poland

MOTHER
14. Maiden Name Frances ?
15. Birthplace Poland

16 (a) Informant Michael Arendt
(b) Address 1910 Aliceanna Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore md

18 (a) Funeral director George A. Weber
(b) Address 705 So Ellwood Ave

19 (a) MAR 2 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 250

I MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1943, at 9.50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1943 to March 1 1943. and that I last saw her alive on March 1 1943

Immediate cause of death Uremia — Duration 3 days

Due to Nephritis — ?

Due to Hypertension — 4 years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo L. Kulbacki M. D.
Address 1265 Patterson Park Ave Date signed March 2

G 01691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

✓ G 01691 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Barclay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Barclay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY MAY SHREEVES

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife Benjamin B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1877

8. AGE: Years 65 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Martin Van Buren Lancaster
13. Birthplace Baltimore

MOTHER
14. Maiden Name Caroline Gruven
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Bessie Lancaster
(b) Address 1813 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 2 — 1943 (Date received by registrar) Huntington for Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1943, at 11:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 19 43 to Feb 27 1943 and that I last saw h[illegible] alive on Feb 26 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 1 hr

Due to: Myocarditis — Duration: 20 D

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Gray M.D.
Address 647 N. Fremont Ave. Date signed 3/1/43

G 01692

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01692
Registered No.

CERTIFICATE OF DEATH 1170

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Clifton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles M. Pease Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose Pease

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 1894

8. AGE: Years	Months	Days	If less than one day
48	10	8	hr. min.

9. Birthplace Hartford Conn. (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business U.S. Govt.

FATHER
12. Name Charles E. Pease
13. Birthplace Springfield Mass

MOTHER
14. Maiden Name Julia T. Pease
15. Birthplace New Haven Conn

16 (a) Informant Mrs Lucy Pease
(b) Address 3402 Clifton Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Washington DC.

18 (a) Funeral director Neal Funeral Home
(b) Address 481 2 Ga. Ave. N.W. Wash DC

19 (a) (Date rec'd by registrar) (b) Registrar
MAR 2 – 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1 1943, at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941. to March 1 1943.
and that I last saw h alive on 3/1 1943.

Immediate cause of death: perforation of gastric ulcer — Duration: 10 days
Due to:
Due to: acute nephritis — 2 weeks
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 2/28/43
Major findings of operation: chronic ulcer perforated
of autopsy: perforation of gastric ulcer

PHYSICIAN
(Underline the cause to which death should be assigned statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gerald H. Martin Jr
Address 2706 N. Paul St Date signed 3/1/43

G 01693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 01693 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE OR STAMP BELOW THIS LINE — RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 Edmondson ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Celia Levin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 76 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER
12. Name Samuel B. Miller
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel P.
15. Birthplace Russia

16 (a) Informant Ellis Levin
(b) Address 2216 Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2/43 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southview ave

18 (a) Funeral director Sol Levinson Bro.
(b) Address 1124-26 W North ave

19 (a) (Date received) MAR 3 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 2 1943, at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1943, to Mar. 2 1943, and that I last saw her alive on Mar. 2 1943.

Immediate cause of death: Pneumonia — Duration 2 mo.
Due to: Prost. Metastasis of liver — 6 mo.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature E. L. Seigman M. D.
Address University Hosp. Date signed 3/2/43

G 01694

437494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

G 01694

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 N. Wordington Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. William E. Byers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Amy

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 7-14-73

8. AGE: Years	Months	Days	If less than one day
69	7	14	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name William Byers
13. Birthplace W. Va.

MOTHER
14. Maiden Name Melinda Myers
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Wiltse
(b) Address 1101 Edmondson Ave.

19 (a) MAR 2 (b) 1943 Huntington Williams
(Date rec'd by Registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1943, at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1942 to Feb 28 1943, and that I last saw him alive on Feb 28 1943.

Immediate cause of death: Bronchopneumonia — Duration: 7 days

Due to: Advanced Carcinoma of prostate with metastases — Duration: 1941

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation March, 1942

Major findings of operations:

of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Lemmon M.D.
Address Johns Hopkins Hosp. Date signed 3/3/43

G 01695 ✓ G 01695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 da.
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Presstman Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES CONRAD BACHMAN

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 218 05 9594

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Weltner

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): August 6, 1877

8. AGE: Years 65 | Months 6 | Days 29 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation: Sales Supervisor

11. Industry or business

FATHER
12. Name: Louis Bachman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Eliza Kern
15. Birthplace: Baltimore, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-43 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: 3401 Frederick Rd.

18 (a) Funeral director: Harry A. Witzke
(b) Address: 4101 Edmondson Ave.

19 (a) [illegible] (b) Huntington Wil[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 26, 1943, at 8:45p M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1943 to Feb. 26, 1943, and that I last saw h im alive on Feb. 26, 1943.

Immediate cause of death: Myocardial degeneration of the heart, non-rheumatic. — Duration: Unk.

Due to:

Due to:

Other Conditions: Chr. atrophic cirrhosis of liver; nephrosclerosis of kidneys, Rt. upper early broncho-pneumonia

Date of operation:

Major findings of operations: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Charles W. Fox

Address: US Marine Hospital, Baltimore, Md. 12589 Date signed: 2/27/43

VS 189

G 01696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87P

G 01696 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution: General German Aged People's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Agatha

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Robt. Agatha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1861

8. AGE: Years	Months	Days	If less than one day
81	7	20	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Geo. Kraup
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Walzer
15. Birthplace Germany

16 (a) Informant Mr. J. Geo. Wala
(b) Address Genl. German aged People's Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry H. Nuttle
(b) Address 4101 E. Amondson Ave

19 (a) 3/2/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION 8.50 P.

20. DATE OF DEATH Feb. 27/43, 19 at M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb. 22/43 to Feb. 27/43, 19, and that I last saw her alive on Feb. 26/43, 19.

Immediate cause of death

Multiple Sclerosis — Duration: Unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wallis Oliver M. D.
Address 933 Hanover Street Date signed Feb. 29/43.

G 01697

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01697

CERTIFICATE OF DEATH 1310

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 236 S. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 236 S. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME P. Gordon Fields

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-3126

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	married

6 (b) Name of husband or wife Margaret Holland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1866

8. AGE: Years	Months	Days	If less than one day
76	6	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired Bank Doorman
11. Industry or business Merchantiles Trust Co.

FATHER
12. Name Perry F. Fields
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary R. Cookson
15. Birthplace Maryland

16 (a) Informant Mrs. Margaret Fields
(b) Address 236 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Eastern Ave + North Point Rd.

18 (a) Funeral director Harry H. Witzke
(b) Address 1101 Edmondson Ave.

19 (a) MADE (b) Huntington Wilkins

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 1943 at 7:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March, 1941 to Feb, 1943, and that I last saw him alive on Feb 28, 1943.

Immediate cause of death Pulmonary Edema

Due to Chronic Nephritis Arteriosclerotic CV Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Bayless

Address 1602 Wilkens Date signed 3/6/43

G 01698 Goodbarlet ✓ G 01698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Dennison Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George B. Goodbarlet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen M nee Kunz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 13, 1890

8. AGE: Years	Months	Days	If less than one day
53	1	14	hr. min.

9. Birthplace * Rochester and New York

10. Usual Occupation Clerk

11. Industry or business Balto. & Ohio Railroad

FATHER
12. Name Charles Henderson Goodbarlet
13. Birthplace Alsace Lorraine

MOTHER
14. Maiden Name Hannah Henderson Mollenx
15. Birthplace Ireland

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory Mary Cathedral
Location 3900 old Frederick Rd

18 (a) Funeral director Harry H Witzke
(b) Address 4694 Edmondson Ave

19 MAR 2 - 1943 (Date rec'd by registrar) (b) Huntington Wis. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1943, to Feb 27 1943 and that I last saw him alive on Feb 27 1943

Immediate cause of death	Duration
Uremia	
Due to Arterial Hemorrhage	
Due to Hypertensive Cardio-Vascular Disease	
Other Conditions Possible Nephritis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Steigmeier M. D.
Address Mercy Hospital Date signed Feb. 27

VS 180 * Rochester, New York

1943

G 01699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 ✓ Registered No. G 01699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun + Fayette Sts
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 W. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gloria Ray Tebo

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-9263

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Late William B. Tebo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1924

8. AGE: Years	Months	Days	If less than one day
18	11	24	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Embroidress
11. Industry or business Lyon Bros.

FATHER
12. Name William A. Metcalf
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Norma E. Bucca
15. Birthplace Balto. Md.

16 (a) Informant Mr. William A. Metcalf
(b) Address 1810 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Wirth
(b) MAR 2 1943 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1943, at 1 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Acute peritonitis; Pyothorax left — Duration

Due to Bullet wound of chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Feb. 15 1943 at 8 10 P M
(c) Where did injury occur? 1810 W. Lombard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Shot

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Feb. 25 1943

VS 6

G 01700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 01700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 937 McCulloh St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Arthur Chandler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sadie Chandler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years: 56 | Months | Days | If less than one day: hr. min.

9. Birthplace Boston Mass
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

12. Name Alfred Chandler
13. Birthplace Halifax Nova Scotia
14. Maiden Name Charlotte Lemon
15. Birthplace Grand Manan New Brunswick

16 (a) Informant Mrs. Sadie Chandler
(b) Address 936 McCulloh St

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 2-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Balto. Md.

18 (a) Funeral director Archibald G. Gaddis
(b) Address 2101 McCulloh St

19 (a) MAR 2 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1943, at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1943 to 2-27 1943, and that I last saw him alive on 2-22 1943.

Immediate cause of death: Acute Coronary Occlusion — Duration: 3 hrs
Due to:
Due to: Lobar Pneumonia — Duration: 3 weeks
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Miranda M. D.
Address 844 S. Carey St Date signed 2-2[illegible]-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and fully.

G 01701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

G 012761 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1964 Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1964 Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Shivoden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Anton Shivoden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17th 1866

8. AGE: Years	Months	Days	If less than one day
76	10	31	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name (Unknown) Laab
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine (Unknown)
15. Birthplace Germany

16 (a) Informant Marie Holtgreve
(b) Address 3240 Kenyon Ave

17 (a) Burial (b) Date thereof 3/3/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery Balto
Location " Md.

18 (a) Funeral director William Bork Inc
(b) Address 1217 E. Paul St

19 (a) (Date rec'd by registrar) MAR 2 - 1943 (b) Huntington Williams, Registrar, Md.

VS Form

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28th 1943 at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1941 to Feb 28 1943. and that I last saw him alive on 19

Immediate cause of death: Carcinoma of Uterus
Due to: Cachexia and Metastasis
Due to:
Other Conditions: Uterine Hemorrhage and Senility Anemia
(Include pregnancy within 3 months of death)

Duration: 2 years / 7 Days

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Greenberg M. D.
Address 7075 E Northlake Date signed 3/1/43

G 01702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G 01702

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully ascertained. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city, give town limits, write RURAL and give town)
(d) Street No. 5406 Burlington Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RUDOLPH WERKMEISTER

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	Married

6 (b) Name of husband or wife Caroline Werkmeister
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-18[illegible]

8. AGE: Years	Months	Days	If less than one day, hr.	min.
68	2	19	18	19

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Own

FATHER
12. Name Bernhardt Werkmeister
13. Birthplace Austria

MOTHER
14. Maiden Name Katherine Baumann
15. Birthplace Austria

16 (a) Informant Mrs. Caroline Werkmeister
(b) Address 5406 Burlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date of prof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St

19 (a) MAR 5 1943 (b) Huntington Williams, Registrar

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1943 to March 1 1943, and that I last saw [illegible] alive on March 1 1943.

Immediate cause of death	Duration
Asperating Failure	
Due to Type 3	
Cardiac Decompensation	1 mo.
Due to Coronary Thrombosis	1 mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry E. Offman
Address Mercy Hosp Date signed 3/11/43

G 01203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01203
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1158 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1158 Washington Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Holt

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	M

6 (b) Name of husband or wife Frank.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14 1891

8. AGE: Years	Months	Days	If less than one day
51	5	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Hubbard
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Murray
15. Birthplace Baltimore

16 (a) Informant Frank Holt
(b) Address 1158 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Ave. Wilkins Ave. Pk.

MAR 2 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1943 at 8 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10/42 19 to 2/28/43 19 43
and that I last saw h alive on 2/25 19 43
Immediate cause of death

		Duration
Due to	Acute Cardiac Failure	1 dy
Due to	Chronic Myocarditis Diabetes Mellitus	6 mos
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph G Lawrence M. D.
Address 679 Washington Blvd Date signed 3/1/43

G 01704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D

G 01704 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2554 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2554 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ben James Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-0119

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Helen Parker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1890

8. AGE: Years	Months	Days	If less than one day
52	1	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Florence ?
15. Birthplace Md

16 (a) Informant Mrs. Helen Parker
(b) Address 2554 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md

18 (a) Funeral director Geo. A. Kelso
(b) Address 1412 Pennsylvania Ave

19 (a) MAR 2 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943, at 5 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Aneurysm of aorta

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 27 1943

VS 6

G 01705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01705 Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 195 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Bonner 40938

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1868 ?

8. AGE: Years	Months	Days	If less than one day
74 ? 75	3	22	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 2 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd

18 (a) Funeral director J. Feaby & Sons
(b) Address 1316 Light St

19 (a) Registered by registrar (b) Registrar

MAR 2 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1943, at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 6 1942, to Feb. 17 1943, and that I last saw him alive on Feb. 17 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: ? mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: As Above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A S Hart
Address Balto City Hosp Date signed 3/1/43

G 01706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 S. Aberdeen St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAX PINCUS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace Russia

MOTHER 14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-43 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Rhode Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St

19 (a) MAR 2 (Date rec'd by registrar) (b) 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1/43 19 , at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1943 to 3/1/43 19 ,
and that I last saw him alive on 3/1/43 19 .

Immediate cause of death: Myocardial insufficiency — Duration

Due to: Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Shorofsky MD

Address Sinai Hosp Inc Date signed 3/1/43 W D

VS 3

G 01757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01757 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 E. Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hyman Guard
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Sarah —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Shoe Store
11. Industry or business
FATHER 12. Name Abraham Guard
FATHER 13. Birthplace Russia
MOTHER 14. Maiden Name Rachael —
MOTHER 15. Birthplace Russia
16 (a) Informant Sarah Guard
(b) Address 2212 E. Monument St
17 (a) Burial (Burial, Cremation, or removal) (b) Date thereof 3-2-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Nat. Carmel Location German Hill Road
18 (a) Funeral director Jacob Reuis Inc
(b) Address [illegible]
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943, at 5:45 P M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed March 2 1943

VS 6

G 01708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01214 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1901

8. AGE: Years	Months	Days	If less than one day
42	1		hr. min.

9. Birthplace Sumter S.C.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Allen McCoy
13. Birthplace Sumter S.C.

MOTHER
14. Maiden Name Georgiana Wade
15. Birthplace Sumter S.C.

16 (a) Informant Nettie Price
(b) Address 1406 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2, 1943 (Month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Hattie R. Williams
(b) Address 222 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

VS MAR 2 - 1943

Funeral Director, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1943, at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to Feb. 25 1943 and that I last saw h[illegible] alive on Feb 25 1943

Immediate cause of death — Duration

Diabetic Acidosis & Coma — 4 days

Due to

Due to Diabetes Mellitus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. J. Garfield M. D.
Address Provident Hospital Date signed 2-26-43

G 01709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01709 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4420 Wrenwood Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4420 Wrenwood Ave, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph E. French

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine M. French
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec, 19, 1867

8. AGE: Years	Months	Days	If less than one day
75	2	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business William Dufur & Co.

FATHER
12. Name William French
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Capris
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs, Catherine M. French
(b) Address 4420 Wrenwood Ave, Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East End North Ave

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

19 (a) MAR 2 - 1943 (Date received by registrar) (b) Registered

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb, 27, 1943 at 8 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Feb 20 1943. and that I last saw him alive on 2/20/43 19

Immediate cause of death: Cardio Vascular

Due to: Apoplexy

Due to: Fract femur

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
5 yrs +
2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Thurston M. D.
Address 4309 Yh Ave Date signed 3/1/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 (Registered No.)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mon., or days) D. OA
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset Co.
(c) City or town Chance
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Whitelock

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Sally Evans Whitelock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May - 1874

8. AGE: Years	Months	Days	If less than one day
68	8 10	0	hr. min.

9. Birthplace Chance Somerset Md.
(Town, county, and state)
10. Usual Occupation U.S. Mail Carrier
11. Industry or business Smith Island Crisfield

FATHER
12. Name Clayton Whitelock
13. Birthplace Chance Md.

MOTHER
14. Maiden Name Isabell Washburn
15. Birthplace Fruitland Md.

16 (a) Informant Benj. Whitelock
(b) Address Ewell Md.

17 (a) Burial (b) Date thereof Mar. 4-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Ewell Comm.
Location Smith Island Md.

18 (a) Funeral director John A. Bradshaw
(b) Address Crisfield Md.

19 MAR 5 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943 at 6 P.M. 20

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy & inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Duration
Immediate cause of death Cerebral hemorrhage, spontaneous
Due to Lung or tuberculosis cardiac — vascular disease
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner
Date signed March 2 1943

VS 6

G 01711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 01711

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos
(e) Length of stay in Baltimore (yrs., mos., or days) none

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard Co
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Jeannie May Overington

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1935

8. AGE: Years	Months	Days	If less than one day hr.	min.
7	11	17		

9. Birthplace Ellicott City, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter Spitler (posta patient)
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Overington
15. Birthplace Virginia

16 (a) Informant Walter D Spitler
(b) Address Ellicott City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Ellicott City Md

18 (a) Funeral director D C Hug inbalmer
(b) Address Ellicott City Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28 1943 at 7 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28/43 to 2/28/43. and that I last saw h W alive on 2/28 1943.

Immediate cause of death	Duration
Resp circulatory collapse	
Due to pericarditis, bronchopneumonia, pulmonary edema	
Due to overwhelming infection (staph. septicemia?)	
Other Conditions Rheumatic mitral - pulmonary	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: pericarditis bronchopneumonia hypostatic pulmonary edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Helen Bacon
Address Union Memorial Hosp Date signed 3/1/43

VR 180

C 01712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

Registered No. C 01712

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Myrtle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Colored race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 18 97

8. AGE: Years | Months | Days | If less than one day: 12 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Murray
13. Birthplace Balto Md

MOTHER
14. Maiden Name Julia Howard
15. Birthplace Baltimore Md

16 (a) Informant Walter Murray
(b) Address 1101 Myrtle Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar. 2. 43 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) MAR 2 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943 at 9:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1943 to March 1 1943 and that I last saw h A alive on March 1 1943.

Immediate cause of death: Coronary Atherosclerosis — Duration: not given

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter J. Ward M.D.

Address 1101 Myrtle Ave Date signed Mar 2 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01713 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1312 W. Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 W. Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Parran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Widow

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 2, 1985

8. AGE: Years	Months	Days	If less than one day
57	10	24	hr. min.

9. Birthplace Prince Fredk, Calvert Co Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name George Green
13. Birthplace Calvert Co., Md

MOTHER
14. Maiden Name Martha
15. Birthplace Calvert Co., Md

16 (a) Informant Martha Parran
(b) Address 1312 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 222 N Schroeder St

MAR 2 - 1943 (Date rec'd by registrar)

(b) Huntingtor Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26-43 19 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27-43 to 2-26-43, and that I last saw her alive on 2-26-43.

Immediate cause of death	Duration
Lobar Pneumonia	1 week
Due to Pneumonia	or more
Due to Capillary Bronchitis	

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify kind of place)
(e) Means of injury

23. Signature H. J. Farnandale M.D.

Address 5746 Caroline St Date signed 2/27/43

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and fully.

G 01714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 01714

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1334 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Warren Sample

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1900

8. AGE: Years 42 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Greenville S.C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Marshall Sample
13. Birthplace Greenville S.C

MOTHER
14. Maiden Name Hattie Terry
15. Birthplace Greenville S.C

16 (a) Informant Margie Rogers
(b) Address 1334 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 MAR 2 1943 (Date rec'd by registrar) (b) Huntington Wills Baltimore MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1943. at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943. to Feb 26 1943. and that I last saw h alive on Feb 26 1943.

Immediate cause of death Acute Pneumonia — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hostetter M. D.
Address 628 Hamilton R Date signed Mar 2

VS 8

01715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. 01715

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 Light St
(c) Hospital or institution: So. Baltimore Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 Guilford Oakland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Ebelke

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Widowed

6 (b) Name of husband or wife deceased Charlotte Ebelke
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 8/9/66-1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	6	20	22	

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Nursing

FATHER
12. Name Henry Ebelke
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Harms
15. Birthplace Germany

16 (a) Informant Records - Mrs Lillian Schneider
(b) Address 1916 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) | 3 (day) | 43 (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Geo. Weber & Son
(b) Address 2503 Edmondson Ave

19 (a) _____ (Date rec'd by registrar) (b) _____ Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943, at 3.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23rd 1943. to Mar 1st 1943. and that I last saw h alive on Mar 1 1943.

Immediate cause of death Generalized Anasarca — Duration

Due to Uremia due to acute nephritis

Due to Cardiac decompensation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

s of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A Mangano M. D.
Address 1213 Light Street Date signed

G 01716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01716 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 Ellicott Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Ellicott Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Connelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 8-13-1843 73

8. AGE: Years 69 | Months 8 | Days 13 | If less than one day: hr. 15 min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Sullivan
15. Birthplace Ireland

16 (a) Informant Miss Anna Connelly
(b) Address 411 Ellicott

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 3 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E. 32nd St

MAR 2 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28th. 1943. at 9:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23rd. 1943. to Feb. 28th. 1943.
and that I last saw her alive on Feb. 27th. 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days
Due to Arteriosclerosis — unknown
Due to ---------
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo W Finegan M.D.
Address 401 E. 25th. Date signed 3/1/43.

G 01717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 01717

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1103 Bayard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Bayard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Razauskas

3 (b) If veteran, name war	3 (c) Social Security Account No. na

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Pauline Razauskas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) March 20, 1892

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	11	11		

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Mens' Coats Mfgr.
11. Industry or business

FATHER
12. Name ? Razauskas
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Pauline Razauskas
(b) Address 1103 Bayard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Joseph Razauskas Son
(b) Address 602 Washington Blvd

19 (a) MAR 2 1943 Hunting to Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943, at 1 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1943, to Mch 1 1943, and that I last saw him alive on Mch 1 1943.

Immediate cause of death: Cardiac failure — Duration: not known probably several months

Due to Hypertension

Due to Chronic nephritis

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman Geidel M.D.
Address 2404 Eutaw Pl Date signed 3/1/43

G 01718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01718

Registered No. 46B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 Hollins St
(c) Hospital or institution: Church Home Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Hollins St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Lithuania

3 (a) FULL NAME George Walter Potts

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-9535

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-[illegible]-97

8. AGE: Years 45 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Ship builder

11. Industry or business

FATHER 12. Name Joseph Potts
13. Birthplace Lithuania

MOTHER 14. Maiden Name Bessie Jackunas
15. Birthplace Lithuania

16 (a) Informant Kazukas
(b) Address 829 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Joseph Kazukas Inc.
(b) Address 6 E Washington Blvd

19 (a) MAR 2 - (b)
(Date rec'd by registrar) Registrar

VS 3

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28/ 1943, at 9:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1943, to 2/28 1943, and that I last saw him alive on 2/25 1943.

Immediate cause of death: Pulmonary edema — Duration

Due to Carcinoma of stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Cutler M. D.

Address Clermont Terr. + Hoffman Date signed 2-28-43

PRINTED WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Do not guess, but give correct answer as nearly as possible. If unknown or if question is not applicable, write "unknown" or "not applicable." Information as to cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

G 01719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01719 / 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4131 Reisterstown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4131 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Brungel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Nicholas Brungel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1867

8. AGE: Years 76 | Months - | Days 20 | If less than one day hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Nicholas Brungel
(b) Address 4131 Reisterstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (day) (year)
(c) Cemetery or crematory Holy Cross Cemt.
Location Baltimore Md.

18 (a) Funeral director Chas. F. Dill
(b) Address 1501 E. Fort Ave.

19 (a) MAR 2 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 4:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed March 2 1943

G 01720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. G 01720

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 S Compton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leona Beatrice Mahony

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 20, 1943

8. AGE: Years	Months	Days	If less than one day
			7 hr. 15 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ora Mahony
13. Birthplace Covington, Virginia

MOTHER
14. Maiden Name Lottie O'Daniel
15. Birthplace Charlotte, North Carolina

16 (a) Informant Lottie Mahony
(b) Address 1029 S. Compton St, Baltimore, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 2 1943
18 (a) Funeral director Commissioner of Health
(b) Address

MAR 2 1943 (Date rec'd by Registrar) (b) Remington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1943, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1943, to Feb 20 1943 and that I last saw h[illegible] alive on Feb 20 1943.

Immediate cause of death: asphyxia neonatorum — Duration
Due to: intra cranial hemorrhage.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Intra cranial hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. L. Robertson M. D.
Address Date signed

9644

G 01721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. G 01721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 S. Shark
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days) 42 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 S. Shark
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Geo Autrey Lester Howard

3 (b) If veteran, name war — | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/26/43

8. AGE: Years	Months	Days	If less than one day
			18 hr. 15 min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name James Walter Howard
13. Birthplace Kingstree S. C.

MOTHER
14. Maiden Name Hattie Jones
15. Birthplace Scuffletown S.C.

16 (a) Informant Hattie Howard
(b) Address 1101 S. Shark

17 (a) Removal (b) Date thereof 3/1/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 2 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAR 2 1943 (b) Hunter Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26/43, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26/ 19 43, to 2/26/ 19 43, and that I last saw h alive on 2/26/ 19 43.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas H. Davis M.D.
Address University Hosp Date signed 3/1/43

Correct age is especially important. Physicians: please write the causes of death clearly and fully. The

1945

G 01722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 01722 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2704 Hudson St

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-4

(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2704 Hudson St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Joseph Rosenske or Rasinski

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-2815

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years 36 | Months | Days | If less than one day: hr. min.

9. Birthplace Md (town; county and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Stanislaw

13. Birthplace Balto Md-

MOTHER 14. Maiden Name Eva Gloyiwok

15. Birthplace Poland

16 (a) Informant Eva Rasinski

(b) Address 2704 Hudson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus Cem

Location Dundalk Ave

18 (a) Funeral director John J. Duda

(b) Address 2829 Hudson St.

19 (a) (Date received) Registrar's signature Wm. J. Williams M.D.

MAR 9 1943

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1 1943 at 7 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1943 to Mar 1 1943, and that I last saw him alive on Feb 28 1943

Immediate cause of death: Bilateral Pulmonary Tuberculosis — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence None; at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edith Schimmenk M. D.

Address 842 S Eaton Ave Date signed 3-1-43

G 01723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 6

Registered No. G 01723

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B. A. Co.
(c) City or town Reisterstown Road (If outside city or town limits, write RURAL and give town)
(d) Street No. Arbutus & Park Rds. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Clyde WYANT

3 (b) If veteran, name war —
3 (c) Social Security Account No. 241-07-2560

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1910

8. AGE: Years	Months	Days	If less than one day
32	-	7	hr. min.

9. Birthplace Sharpsville, N.C. (Town, county, and State)
10. Usual Occupation Shipfitter apprentice
11. Industry or business

FATHER
12. Name John L. Wyant
13. Birthplace Sharpsville, N.C.

MOTHER
14. Maiden Name Margaret E. Helms
15. Birthplace Sharpsville, N.C.

16 (a) Informant Lloyd Wyant
(b) Address Arbutus & Park Rds, Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-43 (month) (day) (year)
(c) Cemetery or crematory Antioch
Location Cross, N.C.

18 (a) Funeral director Frederick A. Poly
(b) Address 960 W. Lombard St.

19 MAR 2 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2 1942, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1- 1942, to 3-2 1942, and that I last saw h alive on 3/1 1942.

Immediate cause of death: Leukicemia, cause unknown. — Duration

Due to meningococcus - H.J.M.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Magarian M.D.
Address 1213 E. Lexington St. Date signed 3-2-43

for S.H.L. Williamson
Howard J. Madden, M.D.

G 01724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01724 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -- Frederick Co.
(c) City or town Rosemont, Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. -- (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
GEORGE F. MATTHEWS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Yes W.W.	705-12-3294	Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1895

8. AGE: Years	Months	Days	If less than one day
47	8	24	- hr. - min.

9. Birthplace Stevens City, Va. (Town, county, and state)
10. Usual Occupation Brakeman, B & O R.R.
11. Industry or business R.R.

FATHER
12. Name Charles Matthews
13. Birthplace Va.

MOTHER
14. Maiden Name Blanche M. Rogers
15. Birthplace Va.

16 (a) Informant Records U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burnanirk (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Maryland
Location Frederick County

18 (a) Funeral director George L. Ebert
(b) Address 2101 Frederick Ave

19 (a) Hall & Mc. (Date received by registrar) Washington, D.C.
MAR 2 1943
VS-250

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27, 1943 at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10, 1943 to Feb. 27, 1943 and that I last saw him alive on Feb. 27, 1943.

Immediate cause of death Acute cocaine intoxication ~~XXXXXX~~ — Duration 5 min.

Due to Bronchoscopy for bronchogenic carcinoma, left lung — During preparation carcinoma-lungs

Due to

Other Conditions Arthritis chronic, periositis
(Include pregnancy within 3 months of death)

Date of operation Feb. 27, 1943

Major findings of operation: Died during preparation for bronchoscopy.

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Carlin M.D.
Address U.S.Marine Hosp. Baltimore, Md. Date signed 3/2/43

No. 12733

G 01725 — 79786 — G 01725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 140 Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Herbert Able

3 (b) If veteran, name war

3 (c) Social Security Account No. 249-20-5190

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/14/1914

8. AGE: Years	Months	Days	If less than one day
28 8	6	14	hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Beth. Steel Shipyards

FATHER
12. Name Mack
13. Birthplace S.C.

MOTHER
14. Maiden Name Alice Hughes
15. Birthplace S.C.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory Wimsboro
Location South Carolina

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 327 N Schroeder St.
Huntington Mills, Md.

MAR 2 - 1943
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1943 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1943 to 2-28 1943 and that I last saw him alive on 2-25 1943

Immediate cause of death	Duration
Acute bacterial endocarditis	3 wks.?
Due to Lobar pneumonia	4 wks.?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun
Address Balt. City Hosp. Date si

M. D. P. 1118-a No. Social Security. (none)

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 01726 G 01726

CERTIFICATE OF DEATH 93D

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Windsor Ave. St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret L. Kelly

(a) Residence: No. 3032 Windsor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Kelly

6. DATE OF BIRTH (month, day, year) Oct 17 1881

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
61	62	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Donnelly

14. BIRTHPLACE (city or town) (State or country) Emitsburg Md.

MOTHER

15. MAIDEN NAME Jane Hook

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James Kelly
(Address) 3023 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/3, 1943

19. UNDERTAKER Wm. J. Branning Sons
(Address) 2324 Edmondson Ave

MAR 2 1943 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1942 to Feb. 28, 1943

I last saw her alive on Feb. 28, 1943 Death is said to have occurred on the date stated above, at 6.00 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 Yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. F. Scellen M. D.

(Address) 2/25/43 St. in hosp

Dr Messina

G 01727 1403 S Charles St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01727 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 Patapsco St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 Patapsco St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sallie Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Jas. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11. 1873

8. AGE: Years	Months	Days	If less than one day
70	1	19	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Louis Cauffman.
13. Birthplace Dauphin. Pa.

MOTHER
14. Maiden Name Jane Ann Murphy
15. Birthplace Clark Co. W. Va.

16 (a) Informant Edward Cauffman.
(b) Address 1503. Patapsco St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5-1943 (month) (day) (year)
(c) Cemetery or crematory Edgehill Cemetery
Location Charleston West Virginia

18 (a) Funeral director Armand C. Fyfer
(b) Address 1600 N. North Ave.

19 (a) MAR 2 1943 (Registrar) (b) Hunting for Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1936. to March 2 1943. and that I last saw h[illegible] alive on Mar. 2 19 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	98 hr
Due to Arteriosclerotic Heart	
Due to Cancer	
Other Conditions Simple Fracture	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent M. Messina M. D.
Address 1403 S. Charles St Date signed 3/2/43

Correct age is especially important. Physicians: please write the causes of death clearly and fully. The

G 01728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01728 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 Willow Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 Willow Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael J. Davey.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ******
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1874

8. AGE: Years	Months	Days	If less than one day
68	4	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation No Occupation
11. Industry or business

FATHER
12. Name ? Davey
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Mulligan
15. Birthplace Ireland

16 (a) Informant Mr. Edward J. Mulligan
(b) Address 620 Willow Ave, Govans,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/1943 (month) (day) (year)
(c) Cemetery or crematory St. Marys.
Location Homewood Ave., Govans

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

MAR 2 - 1943
(Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1. 1943 at 5 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1943 to Feb. 28 1943 and that I last saw him alive on Feb. 28 1943

Immediate cause of death
Arteriosclerosos — Duration ?
Hypertensive cardio-vascular dis. ?
Due to
Due to
Other Conditions Diabetes Mellitus. ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify)
(e) Means of injury

23. Signature Anthony F. Perozzo

Address 5217 York Date signed 3/2/43

G 01729

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 01729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2034 Ashland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2034 Ashland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louisa Sima

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Sima
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21 1869

8. AGE: Years	Months	Days	If less than one day
73	8	7	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Midwife
11. Industry or business

FATHER
12. Name Frank Kulhanek
13. Birthplace Bohemia

MOTHER
14. Maiden Name Anna Seberer
15. Birthplace Bohemia

16 (a) Informant Bettie Krogler
(b) Address 4006 Alto Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Balto

18 (a) Funeral director Frank Grasberger
(b) Address 900 N. Chester St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28- 1943, at 4:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry had that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic Cardio-Vascular
Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard D. Haddaway M.D.
Medical Examiner.
Date signed 3-1-43

V8 4

Every item of information should be furnished if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

01730 / 107 — Registered No. C 01730

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital 26
(d) Length of stay in hospital or institution (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Subs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Hewitt Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET McNAMARA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-21-43

8. AGE: Years 0 | Months 1 | Days 08 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Andrew McNamara
13. Birthplace Baltimore

MOTHER
14. Maiden Name Marie Naughton
15. Birthplace York, Pa.

16 (a) Informant Marie McNamara
(b) Address 910 Hewitt Ave

17 (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof ~~March 4 1943~~ (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md

18 (a) Funeral director William Cook, Inc
(b) Address 2407 St. Paul St

19 MAR 3 - 1943 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943, 7:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1943 to Mar. 1 1943, and that I last saw h[illegible] alive on Mar. 1 1943

Immediate cause of death: Respiratory Failure — Duration

Due to: Cerebrospinal Meningitis type # 2 — 2 days

Due to: Bronchopneumonia — 4 days

Other Conditions: 0

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry L. Coffman, M.D.
Address Mercy Hospital Date signed 3/1/43

G.01731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G.01731 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Baker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rudolph Goldsand.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Jewish	Married

6 (b) Name of husband or wife Agnata
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20 1891

8. AGE: Years	Months	Days	If less than one day
52	1	8	hr. min.

9. Birthplace Poland.
(Town, county, and state)
10. Usual Occupation Store-keeper
11. Industry or business

FATHER
12. Name Wilhelm Goldsand.
13. Birthplace Poland

MOTHER
14. Maiden Name Tovey Rubenstein
15. Birthplace Poland.

16 (a) Informant Agnata Goldsand
(b) Address 2209 Baker St.

17 (a) Burial (b) Date thereof 3-3-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Henry Berman
Location Pikesville Md

18 (a) Funeral director Isaac Levin Inc
(b) Address 1439 E. Baltimore St.

19 (a) MAR 3 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) (Signature of Registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1943 at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943 to Feb 28 1943, and that I last saw him alive on Feb 28 1943.

Immediate cause of death	Duration
Cardio respiratory failure	
Due to Complete heart block	
Due to Coronary occlusion	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Franklin Levin
Address Emerson Hotel Date signed Mar 2 1943 M.D.

C 012752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 042332

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore County
(c) City or town [redacted]
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 North Point Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Bain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7 1934

8. AGE: Years	Months	Days	If less than one day
8	11	21	hr. min.

9. Birthplace Flintstone Allegheny Co. Md
(Town, county, and state)

10. Usual Occupation Scholar

11. Industry or business Public School

FATHER
12. Name Frank Bain
13. Birthplace Kansas

MOTHER
14. Maiden Name Brasie McLucas
15. Birthplace Middletown Md.

16 (a) Informant Frank Bain
(b) Address 511 N. North Point Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Morland Park
Location Parkville Md.

18 (a) Funeral director Wolfgang Cook Inc
(b) Address 1317 St. Paul St.

19 (a) MAR 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1943 at 11 15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his gross & his autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said his gross & his autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to accident

Due to

Other Conditions

Date of operation (Include pregnancy within 3 months of death)

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 26 1943 at 11 20 P M
(c) Where did injury occur? In front of 605 North Point Road
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Struck by auto

23. Signature Robert A. Graham M.D.
Medical Examiner.
Date signed Feb. 28 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Be

G 01733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 01733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 N. Bradford St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 N. Bradford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura A. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Andrew Hoffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1888

8. AGE: Years	Months	Days	If less than one day
55	-	15	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Harry Hiltz
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Anna
15. Birthplace Baltimore, Md

16 (a) Informant Mr. Andrew Hoffman
(b) Address 1612 N. Bradford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 4 / 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North & Milton Aves

18 (a) Funeral director Howard N. Bright, Jr.
(b) Address 4914 Belair Road

19 (a) Registered by me (b) Huntington Williams, M.D. Registrar
MAR 3 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 1 1943 at 8:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-43 to 3-1-43 and that I last saw him alive on 3-1-43.

Immediate cause of death

Due to Hypostatic pneumonia

Due to Vascular Disease

Other Conditions Acute cardiac decompensation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 2 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack N. Arthur M.D.
Address Date signed MAR 4 1943

correct age is especially important. Physicians: please write the causes of death clearly

G 03734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a C 04234 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Denmore Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4940 Denmore Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret M. Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Married

6 (b) Name of husband or wife Irvin C. Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1893

8. AGE: Years	Months	Days	If less than one day
49	9	4 2	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Josaia Kirby
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Irvin C. Myers
(b) Address 4940 Denmore Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43 (month) (day) (year)
(c) Cemetery or crematory Emory Me M. Church
Location Emory Carroll Co. Maryland

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 (a) (Date received by registrar) (b) Registrar

MAR 3 - 1943

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH March 1, 1943, at 4.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1943, to Mar. 1 1943, and that I last saw her alive on Mar. 1 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days

Due to: Cerebral Arterio Sclerosis. Hypertension — 8 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D. Aikenhead M. D.
Address 5005 Park Heights Ave. Date signed 3-2-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 61735 G 61735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 764 W. Baltimore Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD PADDINGTON ALER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1871

8. AGE: Years	Months	Days	If less than one day
71	7	15	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Storekeeper

11. Industry or business

12. Name of father Ruben J. Aler.

13. Birthplace Baltimore, Maryland.

14. Maiden Name of mother Margaret Paddington.

15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem. Location Balto. Md.

18 (a) Funeral director A. Lee Odgers

(b) Address 4644 York Rd

19 (a) Filed MAR 3 1943 (b) Registrar Huntington Williams M.D.

VS 100

12749

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1943, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15, 1943 to March 1, 1943 and that I last saw him alive on March 1, 1943

Immediate cause of death: 2nd and 3rd degree burns of the face, scalp, neck, trunk, arms, elbow, and hands, accidental

Duration: 2 weeks

Due to:

Other Conditions: Diabetes mellitus; cardiac disease — Duration: Unk.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 8, 1943 at 6:20 P.M.
(c) Where did injury occur? 720 E. 41st. St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury: Burn from gasoline stove + flash

23. Signature J. Chalmers Cutler M.D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 3/1/43

Howard J. Cutler, M.D.

PLEASE WRITE PLAINLY. TYPE (TYPEWRITING PREFERRED). Every item of information should be complete, correct up to the time of filing. Physicians: please write the cause of death clearly and legibly.

G 01736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01736 Registered No. 55E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Wisconsin (b) County
(c) City or town West Allis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2154 S. 107th St., W. Allis, Wisc.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWIN MARTIN HAAS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1883

8. AGE: Years	Months	Days	If less than one day
59	7	25	hr. min.

9. Birthplace Milwaukee, Wis. (Town, county, and state)
10. Usual Occupation 2nd Cook
11. Industry or business

FATHER
12. Name Stephen Haas
13. Birthplace Berlington, Wisc.

MOTHER
14. Maiden Name Louise DeBryne
15. Birthplace St. Louis, Mo.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3-43 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hamden

18 (a) Funeral director A. Reiley Slade
(b) Address 4907 York Road

19 (a) (Date received) MAR 3 1943 Huntington Williams, M.D.

VS 189

42085

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25, 1943 at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23, 1943 to Feb. 25, 1943 and that I last saw him alive on Feb. 25, 1943

Immediate cause of death: Brain abscess right temporal lobe with perforation into right ventricle — Duration: Unk.

Due to: Carcinoma external auditory canal, right — Duration: Unk.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Owen
Address US Marine Hospital Baltimore, Maryland. Date signed 2/27/43 M.D.

Please write plainly, with UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

Registered No. 3 0173 101747

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens
(c) Hospital or institution: St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3802 Coolidge Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Minnie Morton (Minnie Reed Morton)

3 (b) If veteran, name war: none
3 (c) Social Security Account: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1873

8. AGE: Years 69 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Frederick Co., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Isaac L. Crum
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Sophie Hahn
15. Birthplace Frederick Co., Md.

16 (a) Informant Mrs. John R. Diggs
(b) Address 4315 Chatham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 3 (Date rec'd by registrar) (b) 1943 Huntington Williams, M.D.

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943 at 11 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 8 1942 to March 1 1943, and that I last saw h[illegible] alive on March 1 1943.

Immediate cause of death Complete heart block — Duration 6 Mo

Due to Arteriosclerotic C-V-D

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Kosberg
Address St. Agnes Hosp. Date signed 3/1/43

G 01738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01738 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 NORTH CALVERT STREET
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE CITY.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 NORTH CALVERT STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME
CLARENCE S. SOPER.

3 (b) If veteran, name war: Coast Guard
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1889
8. AGE: Years 53 | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Real Estate Assessor
11. Industry or business Baltimore City

FATHER
12. Name Wm. T. Soper
13. Birthplace Matthews Co., Va.

MOTHER
14. Maiden Name Katherine Swart
15. Birthplace Kent Co., Md.

16 (a) Informant Mrs. Evalyn S. Roby
(b) Address 2515 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 3 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 1 1943 19 8.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 6 19 43, MARCH 1 19 43. and that I last saw h IM alive on MARCH 1 19 43.

	Duration
Immediate cause of death: CARCINOMIA OF LEFT KIDNEY	1/10.42
Due to METASTASIS TO LIVER	2/1/43.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation NOVEMBER 1942.
Major findings of operations INOPERABLE CARCINOMIA KIDNE
of autopsy: NONE.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. P. Blantice M. D.
Address 3013 ST PAUL ST. Date signed 3/1/43

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01739 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 Northern Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 Northern Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARWOOD P. MILLER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-10-9627

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Mabel J. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 26, 1890

8. AGE: Years	Months	Days	If less than one day
52	9	5	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Sales Representative
11. Industry or business: Elliott Machine Corp.

FATHER
12. Name: John Ross Miller
13. Birthplace: Md.

MOTHER
14. Maiden Name: Anna Hynson Price
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. Robert P. Miller
(b) Address: Perryville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 10 MAR 3 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1943, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1943 to 3/1 1943, and that I last saw him alive on 3/1 1943.

Immediate cause of death	Duration
Circulatory failure	1 wk.
Due to Ventricular tachycardia	1 wk.
Due to Arteriosclerotic heart disease	yrs.
✓ Prob. coronary or cardial infarction	5½ wks.
Other Conditions Hypertension.	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature C. Edward Leach
Address 108 E. 33rd St. Date signed 3/2/43

G 01710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 86

G 01710 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert sts.
(c) Hospital or institution: Union Memorial Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 8
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Otis Way Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Allison Roberts.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-1941

8. AGE: Years	Months	Days	If less than one day
1	10	28d	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hilbert Allison Roberts
13. Birthplace Wilmington Massachusetts.

MOTHER
14. Maiden Name Hazel Allison.
15. Birthplace Nova Scotia.

16 (a) Informant Mrs Hilbert Roberts.
(b) Address 605 Otis Way Rd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Pine Grove Cem.
Location Waterboro, Maine

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 3 - 1943 (Date rec'd by Registrar) Huntington Williamsburg, W. Va.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2-43 19 , at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1-1943 to 3-2 1943, and that I last saw h. alive on 3-2 1943.

Immediate cause of death Cardiac respiratory failure — Duration

Due to Convulsion.

Due to unemployed years.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ; While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Masseur M. D.
Address Union Memorial Hosp. Date signed 3-3-43

Form.—1-10-21—MAT—1500 Blks.

G 01711 HEALTH DEPARTMENT—CITY OF BALTIMORE G 01711

CERTIFICATE OF DEATH. 131a

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Thames St. ST. W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Sallie Cummings

(a) RESIDENCE NO. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Cummings

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 72 Yrs; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Hagin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah Town

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mamie Barry

(Address): 1500 Thames St

15 Filed MAR 3 – 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1943

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1943, to March 2, 1943

that I last saw her alive on March 1, 1943

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Chronic interstitial nephritis

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Allen C. Cantham M. D.

3-3, 1943 (Address) 3139 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 3/5/43 19

UNDERTAKER: Thomas J. Brayfield

ADDRESS: Belair Rd

(Write plainly with unfading ink—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. Physician's CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.)

G 01742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 8/a

G 01742 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6706 Boston Ave
(c) Hospital or institution Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6706 Boston Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roland Heeter

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-3861

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Blanche Heeter.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1893

8. AGE: Years	Months	Days	If less than one day
49	7	8	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Steel-Worker
11. Industry or business Beth. Steel Corp.

FATHER
12. Name Malcolm Heeter
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Laura Morehead
15. Birthplace Pennsylvania

16 (a) Informant Blanche Heeter
(b) Address 6706 Boston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore, Md.

18 (a) Funeral director Leonard A. Covington
(b) Address 21 W. 25th St.

19 (a) [redacted] (b) Huntington Williams, M.D.

MAR 3 - 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28/ 1943. at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20/ 1943. to 2/28 1943. and that I last saw him alive on 2/28 1943.

Immediate cause of death
Cerebrospinal Meningitis
Due to Pneumococcus type II
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cerebrospinal Meningitis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address Sydenham Hosp
Date signed 3/3/43

Huntington Williams

01743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 01743 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. (Type

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 North Ellwood Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Soles

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1943

8. AGE: Years	Months	Days	If less than one day
			1 hr. 53 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Shandon Soles
13. Birthplace Ohio

MOTHER
14. Maiden Name Cecilia Davis
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 3 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAR 3 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19, 1943, at 1:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1943, to Feb. 19 1943, and that I last saw him alive on Feb. 19, 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Johns Hopkins Hospital Date signed 2-24-43 M.D.

VS 2

9546

G 01744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 01744 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. Site 3 Trailer 225 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Lewis

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/43

8. AGE: Years	Months	Days	If less than one day
			10 hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Bennie Lewis

13. Birthplace

MOTHER 14. Maiden Name Vernell ?

15. Birthplace

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL MAR 3 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) MAR 3 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1943 at 11 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1943 to 19 . and that I last saw him alive on 2/25 19 43

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe, M.D.

Address Johns Hopkins Date signed 2/25/43

1943

G 01745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16a

Registered No. G 01745

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 North Brentwood Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Wilson
13. Birthplace Connecticut

MOTHER
14. Maiden Name Mary Dockins
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 3 1943

18 (a) Funeral director Commissioner of Health
(b) Address MAR 3 1943

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1943, 10:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20, 1943, to Feb. 21, 1943, and that I last saw her alive on Feb. 21, 1943.

	Duration
Immediate cause of death Asphyxia neonatorum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Taylor M. D.
Address Johns Hopkins Hosp. Date signed 2-21-43

VS 3

CAUTION: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01746

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

G 01746
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2830 Harford Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2830 Harford Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Schneider

3 (b) If veteran, name war ---------
3 (c) Social Security Account No. -5565-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9th. 1861

8. AGE: Years	Months	Days	If less than one day
81	6	20	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Hedwig Woehler
15. Birthplace Germany

16 (a) Informant Laura Schneider
(b) Address 2830 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Harris Sons
(b) Address 2024 Orleans St.

19 (a) MAR 3 - 1943 (Date received by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st. 1943, at 3.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15, 1943 to 3-1-1943 and that I last saw her alive on 2-28-1943.

Immediate cause of death Uremia — Duration 4 Days

Due to Arteriosclerotic cardio-renal disease — Duration Unknown

Due to Arteriosclerosis Senility — Duration Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sylvest M. D.
Address 2802 Harford Rd. Date signed 3-2-43

VS 8

G 01747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 01747 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 McElderry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 McElderry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gustav Miller

3 (b) If veteran, name war -----

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8th, 1864

8. AGE: Years 79 | Months 1 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Laura -----
15. Birthplace Germany

16 (a) Informant Miss Emma Miller
(b) Address 1615 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) MAR 3 - 1943 Orleans St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 2nd. 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 1943, to 3/2 1943, and that I last saw h alive on 3/2 1943.

Immediate cause of death Arteriosclerosis
Cardio-Vascular Renal
Disease

	Duration
Due to	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum MD
Address 206 E. Preston St Date signed 3/3/43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 01748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. C 01748

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 E. Preston street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN S. GASKIN

3 (b) If veteran, name war: No

3 (c) Social Security Account No. NO

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARGARET D. GASKIN

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1860

8. AGE: Years 83 | Months 1 | Days 2 3 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD
(Town, county, and state)

10. Usual Occupation PENSIONER United R.W.

11. Industry or business

FATHER
12. Name John GASKIN
13. Birthplace DON'T KNOW

MOTHER
14. Maiden Name DON'T KNOW
15. Birthplace DON'T KNOW.

16 (a) Informant MARGARET D GASKIN
(b) Address 423 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Washington, D.C.

18 (a) Funeral director Chas J. Evans Sons Inc
(b) Address 118 N. Mt. Royal Ave

19 MAR 2 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 2 1943, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Mar 2 1943 and that I last saw him alive on Feb 28 1943.

Immediate cause of death: Chronic Myocarditis
Due to: Chronic Nephritis
Due to: Arteriosclerosis Hypertension
Due to:
Other Conditions:

Duration

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Tenney M.D.
Address 444 N. Edmond Av Date signed 3/3/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

VS 8

E 01749 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 01749 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4242 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4242 Park Heights Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Sarah Gold

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Harry Gold
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (town, county, and state)
10. Usual Occupation Home
11. Industry or business None

FATHER
12. Name Carl Friedman
13. Birthplace Russia

MOTHER
14. Maiden Name Sallyan Radis
15. Birthplace Russia

16 (a) Informant Harry Gold
(b) Address 4242 Park Heights

17 Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory Shaarai Zedek
Location E. Balto

18 (a) Funeral director Park Funeral Home
(b) Address 1439 E. Balto St

19 MAR 3 - 1943 (b)
(Date rec'd by registrar)
Thurlington Williams, M.D. Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2-43 19 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to March 1943 and that I last saw him alive on May 1 19 43

Immediate cause of death Arteriosclerosis cardiovascular renal disease — Duration: years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester B. Kirk M.D.
Address 704 Reed Rd Date signed 3/3/43

G 01750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01750
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use typewriter, black INDELIBLE INK. Every item of information should be supplied. Do not abbreviate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hosp
(c) Hospital or institution: 1514 Division St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 948 W. Franklin st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5887

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 9-28-1881

8. AGE: Years 61 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Calvert Co - Md (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name John L Chambers.
13. Birthplace Md

MOTHER
14. Maiden Name Dinah Young
15. Birthplace Md

16 (a) Informant Mary E. Chambers
(b) Address 948 W. Franklin st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 MAR 3 1943 Huntington Williams M.D. Registrar
(Address signed by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 1 1943 at 4 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1- 1943 to 3-1 1943, and that I last saw h[illegible] alive on 3-1- 1943.

Immediate cause of death Bronchial Pneumonia
Due to Septicemia, Pneumonia & Dental Lesions
Due to Infecting organisms undetermined
Due to
Other Conditions Diabetis Mellitus Chr. Pancreatic Complaint

(Include pregnancy within 3 months of death)

Date of operation 3-1-43
Major findings of operation: as above
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. E. Wilson

Address 803 Fremont Date signed 3-3-43 M. D.

VS 3

G 01751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 01751
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 825 Whatcoat St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Van

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1942

8. AGE: Years	Months	Days	If less than one day
	7	20	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Expired

11. Industry or business

FATHER
12. Name John Van
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Mary Gibson
15. Birthplace Baltimore. Md

16 (a) Informant Mary Gibson
(b) Address 825 Whatcoat St.

17 (a) Burial (b) Date thereof 3/4/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman St

19 (a) [illegible] Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 3:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1942 to March 2 1943 and that I last saw him alive on March 2 1943.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Prematurity & Malnutrition.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 3-3-43

VS 1

The correct age is especially important. Physicians: please write the causes of death clearly and fully. Supplies

G 01752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01752 ✓ 107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 410 Myrtle Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Myrtle Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Townes [TOWNES] ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife 1-2-43

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 1 | Days: 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town/county, and State)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Lee Wilkerson
13. Birthplace N.C.

MOTHER
14. Maiden Name Anna Townes
15. Birthplace N.C.

16 (a) Informant Lee. Wilkerson
(b) Address 410 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)
(c) Cemetery or crematory Mt. [illegible] Cem.
Location Baltimore, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) [illegible] (Date received by Registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 11:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry and that said deceased came to [illegible] death on the day stated above.

Immediate cause of death — Duration
Lobular pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 2-3-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be given if known.

G 01753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 01753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 N. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harold D. Seacrest (Harold D. Sechrist)

3 (b) If veteran, name war

3 (c) Social Security Account No. 171-05-1344

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Estella M. Sandt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1890

8. AGE: Years 52 | Months 4 | Days 21/9 | If less than one day hr. min.

9. Birthplace Allentown, Pa. (Town, county, and state)

10. Usual Occupation carpenter (construction)

11. Industry or business American Stores Co.

FATHER
12. Name William Sechrist
13. Birthplace Md.

MOTHER
14. Maiden Name Estella Kemmerer
15. Birthplace Pa.

16 (a) Informant Mr. J. S. Burkholder, F. D.
(b) Address 1601 Hamilton St., Allentown, Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Highland Park Cem.
Location Allentown, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) MAR 3 - 1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 9 4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his gross & his microscopic thereon and from the evidence (Autopsy or Inquiry) obtained by said his gross & his microscopic (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed March 2 1943

VS 6

Every item of information should be given if known. Typewriter or pen and black INK. Use CAPITAL LETTERS in writing. Fill correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01754 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (Woodbourne) (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & Belloma Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carol Lee Finn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1943

8. AGE: Years	Months	Days	If less than one day
—	—	17	hr. min.

9. Birthplace Baltimore County Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas J. Finn
13. Birthplace Md.

MOTHER
14. Maiden Name Dorothy B. Nutt
15. Birthplace Md.

16 (a) Informant Father
(b) Address Charles & Belloma Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Moriah
Location Towson, Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) Filed MAR 3 1943 (b) Registrar Hilton Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3 1943 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1943 to 3-3 1943 and that I last saw him alive on 3-3 1943.

Immediate cause of death aspiration

Due to pneumonia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry L. Classen
Address Union Memorial Hosp Date signed 3-3-43

G 01755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

G 01755 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2901 Chesley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Chesley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Neuberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Andrew James

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 3, 1881

8. AGE: Years	Months	Days	If less than one day
61	9	28	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Ullrick
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Herman
15. Birthplace Balto Md

16 (a) Informant Andrew James Neuberger
(b) Address 2901 Chesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location

18 (a) Funeral director Leonard J. Funk
(b) Address 6306 Harford Rd

19 MAR 3 - 1943 (Date received by registrar) Hunting for Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943. at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939. to March 1 1943. and that I last saw h alive on March 1 1943.

Immediate cause of death General Arteriosclerosis — Duration

Contributory Coronary Arterial Hypertension — 3½ Yrs.

Due to

Due to

Other Conditions Cerebral Hemorrhage — 1 Day.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Neuberger
Address 2025 E. North Ave Date signed 3/2/43

G 01756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

G 01756 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 1 hr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto md (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 Saratoga (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy- Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			1 hr. 3 min.

9. Birthplace Reisterstown, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harry Miller
13. Birthplace Reisterstown, Md.

MOTHER
14. Maiden Name Ellen Grace
15. Birthplace Balto.

16 (a) Informant Hosp. Records
(b) Address Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Location & Fayette Sts, Balto Md

18 (a) Funeral director [redacted] Light St,
(b) Address

MAR 8 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 1943 to Mar 3 1943 and that I last saw h[redacted] alive on Mar 3 1943.

Immediate cause of death: Internal hemorrhage
Due to: Premature birth 34-36 wks

Duration
1½ hr.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Sheehan M.D.
Address Mercy Hosp Date signed 3/1/43

G 01757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10

G 01757

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard Co.
(c) City or town Savage near Laurel, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GILLIAM, Betty Ogle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1940

8. AGE: Years	Months	Days	If less than one day
2	4	65	hr. min.

9. Birthplace Laurel Maryland Penn.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Sam Gilliam
13. Birthplace Baltimore Penn.

MOTHER
14. Maiden Name Lillie Edens
15. Birthplace Baltimore Penn.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-43 (month) (day) (year)
(c) Cemetery or crematory Sugarington, Penn
Location Sugarington, Penn.

18 (a) Funeral director D. C. Pennington Jr.
(b) Address Ellicott City, Maryland.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAR 8 1943.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943 at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943 to Mar 1 1943 and that I last saw her alive on Mar 1 1943.

Immediate cause of death: respiratory obstruction exhaustion — Duration

Due to: laryngotracheobronchial diphtheria — 7 days

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp Date signed Mar 3, 43

G 01758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01758 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 E. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 E. Mulberry Street (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No) If yes, name country ------

3 (a) FULL NAME Sylvester A. Teano

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Honora F. Hart
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1870

8. AGE: Years	Months	Days	If less than one day
72	6	16	--hr. ---min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fruit Merchant
11. Industry or business Retired 10 Years

FATHER
12. Name Andrew Teano
13. Birthplace Italy

MOTHER
14. Maiden Name Frances Guido
15. Birthplace Italy

16 (a) Informant Mrs. Honora Hart Teano
(b) Address 5 E. Mulberry Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

MAR 3 1943 (Date received by Registrar) (b) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939 to March 1943
and that I last saw him alive on March 1 1943.

Immediate cause of death
Cerebral hemorrhage
Chronic heart failure
Due to arteriosclerosis
hypertension
Due to
Other Conditions Chr. Myocarditis

Duration
1 hr.
2 weeks
?
?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverfield M. D.
Address 714 E. Preston St. Date signed

Funeral to Holbrook, Mass.

G 01759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01759 Registered No. 1246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catonsville
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash. D. C. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 Sixth St. S W. (If rural give location)
(e) Citizen of foreign country? Wash. D.C. (Yes or No) If yes, name country

3 (a) FULL NAME Harry Mc Mahon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Minn. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name Hugh Mc Mahon
13. Birthplace Minn.

MOTHER
14. Maiden Name Catherine Lyons
15. Birthplace N. Y.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4th 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Brook
(b) Address 1701-03 N. Patterson Park ave

MAR 3 1943 Huntington Williamsport

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1943, at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1942 to Feb. 25 1943, and that I last saw him alive on Feb. 25 1943.

Immediate cause of death Cirrhosis of Liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosberg
Address St. Agnes Hosp. Date signed 3/6/43

1760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932 Registered No. C 01760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3224 Ellerslie ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3224 Ellerslie ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Keppler

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife — 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1855

8. AGE: Years	Months	Days	If less than one day
87	8	29	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Retired

FATHER
12. Name Jacob Keppler
13. Birthplace Germany

MOTHER
14. Maiden Name Juliana Peterson
15. Birthplace Germany

16 (a) Informant Mrs Myrtle Bock
(b) Address 3224 Ellerslie ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Frederick R Cole
(b) Address 1200 W Lombard St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 Feb 1943, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 26 Feb 1943 to 28 Feb 1943. and that I last saw him alive on 28 Feb 1943.

Immediate cause of death Myocarditis — Duration 6 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Thorpe M.D.
Address 3534 Ellerslie Date signed 1 Mar 43

VS 180

G 01761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01761 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished accurately and completely. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Forest Park ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Forest Park ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Shulman

3 (b) If veteran, name war –

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rachael –

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) 1851

8. AGE: Years	Months	Days	If less than one day
92			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Shulman
13. Birthplace Russia

MOTHER
14. Maiden Name Dvorah
15. Birthplace Russia

16 (a) Informant Aaron Shulman
(b) Address 3404 Forrest Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (month) (day) (year)
(c) Cemetery or crematory Moses Montefiore
Location Washington Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Pl.

MAR 3 – 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3- 1943 at 12.15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 3-3-43

VS 6

G 01762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01752 Registered No. 170c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as far as possible. Physicians: please write the causes of death clearly and legibly. Please especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MATILDA B. SEHLHORST.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	NONE	F	W	WIDOW

6 (b) Name of husband or wife FRANK H. SEHLHORST
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 29 1868

8. AGE: Years	Months	Days	If less than one day
74	6	03	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name OTTO TROSSBACH
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace BALTO. MD.

16 (a) Informant RICHARD SEHLHORST (SON)
(b) Address 1742 LAMONT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 5/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST. Hunter Van Williams, M.D.

19 (a) MAR 3 1943 (b) Registrar

MAR 3 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 11 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture of skull — Duration
Due to
Due to
Other Conditions ha
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: C/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 2 1943 7 a.m.
(c) Where did injury occur? Baltimore and Washington St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no (Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H. H. Williamsheimer M.D. (For Medical Examiner.)
Date signed 3-2-43

G 01763 ✓ G 01763

430222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 S. BINNEY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose King

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: FREDERICK KING
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JULY 28 1882

8. AGE: Years: 60 | Months: 8 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Md. BALTIMORE (Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: Henry Fegelein
13. Birthplace: BALTIMORE MD.

MOTHER
14. Maiden Name: Mary Sellmeyer
15. Birthplace: BALTIMORE MD.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 4/43 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD

18 (a) Funeral director: Lilly and Geiter INC.
(b) Address: 403 S. WOLFE ST.

MAR 3 – 1943 (a) (Date received by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION (11) 52

20. DATE OF DEATH March 1 1943, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1943, to March 1 1943, and that I last saw her alive on March 1 1943.

Immediate cause of death: Uremia due to chronic nephritis ? subfebrile nephritis — Duration: not known

Due to: Hypertensive C-V disease

Due to:

Other Conditions: Lobar pneumonia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: David Hob M. D.
Address: J - N. H. Date signed: 3-1-43

G 01764

S.S.#212-18-0805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

937 G 01764

1. PLACE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 600 N. Chapel Gate Lane, 17th Ward)

Length of residence in city or town where death occurred 16 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Enoch L. Mac Kenzie. If U. S. Veteran specify WAR _____

(a) Residence: No. 645 N. Fulton Ave St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie C. Knoll

6. DATE OF BIRTH (month, day, year): Aug 6: 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chemical Co

10. Date deceased last worked at this occupation (month and year): Feb 1941

11. Total time (years) spent in this occupation: 40yrs

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: Francis Mac Kenzie

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

MOTHER

15. MAIDEN NAME: Lucinda Stant

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Annie Mac Kenzie

(Address) 645 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loraine Date: 3/5 19 43

19. UNDERTAKER: Thos J. Kemp

(Address) 1606 Holland St

20. FILED MAR 3 – 1943 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2, 1943

22. I HEREBY CERTIFY, That I attended deceased from 2-11- 1943 to March 2 1943

I last saw h[illegible] alive on Febr. 26 1943 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Cardiovascular Degenerative disease	1920 (?)
Heart Failure	Febr 26, '43
Other contributory causes of importance: Senile dementia	?

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) J. Earl Pass M. D.

(Address) 1001 Wilkens Ave

43670
G 01765

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01765
CERTIFICATE OF DEATH 131a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore ✓ (If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 E. Madison (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Smith
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Sep.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-3-07
8. AGE: Years 35 | Months 11 | Days 28 | If less than one day hr. min.
9. Birthplace Ga (Town, county, and state)
10. Usual Occupation Factory Worker
11. Industry or business

FATHER
12. Name Charles Pearson
13. Birthplace S.C.

MOTHER
14. Maiden Name Mary Cooper
15. Birthplace Ga.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-1943 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cem. Location Kenston Salem N. C.
18 (a) Funeral director Belmont Mamie H. Haigler
(b) Address 721 Biddle St
19 (a) Date received 3-3-1943 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943 at 2:20 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1943 to Mar 1 1943 and that I last saw her alive on Mar 1 1943

Immediate cause of death: Uremia — Duration
Due to: arteriolosclerotic nephritis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature David Krob M. D.
Address J H H Date signed 3-2-43

VS 150

G 01766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

G 01766 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not abbreviate. Write out fully. Be sure and answer correctly every question. If any question does not apply, write "None" or "Unknown" as the case may be. Do not leave any item blank unless you are sure it cannot be obtained. Be sure that the date of death is complete and correct and that the age is correctly stated. Any person who knowingly makes a false statement in this certificate is guilty of a misdemeanor and subject to a fine of not more than $100 or imprisonment in jail not more than 60 days, or both. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Fremont St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Franklin Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1884

8. AGE: Years	Months	Days	If less than one day
58	8		hr. min.

9. Birthplace Alabama (Town, county, and state)
10. Usual Occupation Farming
11. Industry or business Govans, Md

FATHER
12. Name Benjamin Williams, Jr.
13. Birthplace Ala.

MOTHER
14. Maiden Name Mary Perry
15. Birthplace Va.

16 (a) Informant Arbella Lee
(b) Address 1705 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 04 1943 (month) (day) (year)
(c) Cemetery or crematory W. Laurel
Location Anne Arundel Co. Md.

18 (a) Funeral director Bowman & Knight
(b) Address 729 Aliceanna St

MAR 3 – 1943
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1943, at 6 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Chronic myocardial degeneration	
Due to Acute pulmonary edema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: NS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eustace M.D. Medical Examiner
Date signed Feb. 28 1943

430657

01767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

G 01767

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 S. Bethel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Dandy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 26 - 95

8. AGE: Years 48 | Months - | Days 1 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Will Biscoe
13. Birthplace Md.

MOTHER
14. Maiden Name Bisella Frazier
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 4 / 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bruntsfield

19 MAR 4 - 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1943 at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1943 to Feb 27 1943 and that I last saw her alive on Feb 27 1943.

Immediate cause of death ANEURISM INNOMINATE ARTERY — Duration 7 hrs

Due to ? Syphilis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb 27 '43

Major findings of operation: ANEURISM INNOMINATE ARTERY

of autopsy: Partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address A. M. Rankin Date signed 3-1-43 M. D.

D. H. H.

G 01768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

Registered No. G 01768

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1048 Brantley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 Brantley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie E Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. 345

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years 30 | Months | Days | If less than one day hr. min.

9. Birthplace N C (Town, county, and state)

10. Usual Occupation Laundry Worker

11. Industry or business

FATHER 12. Name Mills Lee

13. Birthplace N C

MOTHER 14. Maiden Name Mattie Mills

15. Birthplace N C

16 (a) Informant Mary Bintong

(b) Address 1324 W. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)

(c) Cemetery or crematory Location Garysburg N.C.

18 (a) Funeral director Elder Wilson

(b) Address 1000 Brantley

19 (a) MAR 4 – 1943 (Signature of registrar) Huntington Wilson (Registrar) (b) Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 19 43 at 3 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 19 43 to Feb 28 19 43 and that I last saw h alive on 2/28 19 43.

Immediate cause of death Carcinoma Uterus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. D. Hatcher
Address 1225 Pulaski Date signed 3/6/43

G 01769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. G 01769

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Elmora Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Elmora Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William T. Foxwell

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	widower

6 (b) Name of husband or wife Kate C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1856

8. AGE: Years	Months	Days	If less than one day
87	0	24	hr. min.

9. Birthplace Dorchester Co., Md. (Town, county, and state)
10. Usual Occupation Clerk - retired
11. Industry or business B. & O. R. R.

FATHER
12. Name George Foxwell
13. Birthplace unknown

MOTHER
14. Maiden Name Sarah Jones
15. Birthplace unknown

16 (a) Informant Miss E. Ruth Foxwell
(b) Address 3203 Elmora Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150 MAR 4 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1943, at 7:05AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1942 to March 2 1943, and that I last saw him alive on March 1 1943.

Immediate cause of death	Duration
Myocardial Insufficiency	5 mos.
Due to Arteria sclerosis	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Geo Billings M. D.
Address 2224 N. North Ave. Date signed 3/3/43

G 01770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 01770

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1606 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 M
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Rodolph Whittle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Helen Whittle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6 - 1881

8. AGE: Years	Months	Days	If less than one day
61	6	26	hr. min.

9. Birthplace Anne Arundel Co. Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business U. S. Government

FATHER
12. Name Benjamin Whittle
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Warfield
15. Birthplace Md

16 (a) Informant Mrs. Helen Whittle
(b) Address 1606 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 6 (day) 43 (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 4 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 2 1943 at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1943 to Mar. 2 1943, and that I last saw h alive on Mar 1. 1943.

Immediate cause of death

Coronary Thrombosis — Duration 3/2/43

Due to

Due to Hypertension with Ch. Myocarditis — Jan. 43

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Brown M. D.

Address 1630 W. North Ave Date signed

G 01771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. G 01771

G C17.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1429 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2334 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM JOSEPH RENEHAN

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-14-9944

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Thelman Klein

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 25, 1910

8. AGE: Years: 32 | Months: 7 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Bartender

11. Industry or business

FATHER 12. Name: William Renehan
13. Birthplace:

MOTHER 14. Maiden Name: Susie Denmead
15. Birthplace:

16 (a) Informant: Mrs. Thelma Renehan
(b) Address: 2334 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Baltimore, Md.

19 (a) [illegible] (Signature of registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 19 43 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1942 to March 2 1943 and that I last saw h[illegible] alive on March 2 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: July 1942

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton E. Lawson M. D.
Address 5013 Park Heights Ave Date signed 3-3-43

G 01772 ✓ G 01772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 N

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 535 Oakland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Reinken

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband Herbert W. Reinken

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7th 1863

8. AGE: Years	Months	Days	If less than one day
80	0	21	hr. min.

9. Birthplace Denmark (Town, county, and state)

10. Usual Occupation Keeping House

11. Industry or business Self

FATHER
12. Name John Kerneln
13. Birthplace Denmark

MOTHER
14. Maiden Name Jane Lee (Karkeran)
15. Birthplace

16 (a) Informant Louis A. Rose
(b) Address 535 Oakland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Edwards Chapel
Location Parole a. d. Co. Md.

18 (a) Funeral director H. Oscar Cook Inc
(b) Address 1217 St. Paul St

19 (a) (b)
(Date rec'd by registrar) Huntington Williams Registrar
MAR 4 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2nd 1943, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to 3/2/43 19..; and that I last saw h. alive on 3/1/43 h.

Immediate cause of death

Cardiac Renal Vascular — 15 yrs

Due to

Apoplexy - 1939

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Wheaton

Address 4309 York Rd Date signed 3/3/43 M.D.

G 01773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 01773

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2813 Hudson st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 Hudson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George M Quinn

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): 1896

8. AGE: Years: 67 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation:

11. Industry or business: Retered

FATHER
12. Name: John
13. Birthplace: Ireland

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Margaret Quinn
(b) Address: 2813 Hudson St

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 3-5-43 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Edmonson ave

18 (a) Funeral director: John J Duda
(b) Address: 2809 Hudson St

MAR 4 1943 Huntington Williams, M.D.
Date rec'd by Registrar — Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/11/43 19 . at 8:28 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/4 19 43 to 2/11 19 43
and that I last saw h/ alive on 2/11 19 43

Immediate cause of death: Coronary thrombosis

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm Stephen F Munstrom M. D.
Address: 2529 Easton Ave Date signed 3/3/43

M. D. S. 1168-0

01774

HEALTH DEPARTMENT—CITY OF BALTIMORE 01774

CERTIFICATE OF DEATH 937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 N. Gay St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME DAVID KRAVETZ

(a) Residence: No. 1746 N. Gay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Blanche nee Lichtenstein

6. DATE OF BIRTH (month, day, year) June 15-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Elias Aaron Kravetz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Blanche Kravetz
(Address) 1746 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Rodef Shalom Date 3-4-43 19

19. UNDERTAKER Jack Kaufman Inc
(Address) 1739 E. Baltimore St.

20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd 1943

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to March 3rd 1943

I last saw him alive on March 3rd 1943 Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

acute nephritis — Date of onset 2/24/43
chronic myocarditis — 4/1934
Pulmonary Edema — 4 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Lawlor M. D.

(Address) 100 N. Milton Ave

information should be carefully supplied. AGE should be stated EXACTLY. If under one year, state age in months, days or hours. If DEATH WAS DUE TO EXTERNAL CAUSES (violence) state CAUSE OF DEATH in plain terms, so that it may be properly classified. NATURE OF INJURY and OCCUPATION is very important. See instructions on back of certificate.

G 01775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 01775

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 E. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 E. Lexington St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: N
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John H. Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 1876

8. AGE: Years 67 | Months | Days | If less than one day: hr. | min.

9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: Home
11. Industry or business: None

FATHER
12. Name: John Wallace
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Daughtie Lenty
15. Birthplace: Balto

16 (a) Informant: Victor Lenty
(b) Address: 1611 Eight St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-4-43 (month) (day) (year)
(c) Cemetery or crematory: Balto Cemetery
Location: Balto Md
18 (a) Funeral director: Jack Sims Jr
(b) Address: 1439 E. Balto St
19 (a) MAR 4 - 1943 (Date rec'd by registrar) Thurston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-2-43, 19 at 2 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Febr 28 1943 to March 2 1943, and that I last saw h.e.l. alive on March 2 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to Marked anemia and emaciation.	
Other Conditions Total blindness, deafness. Marked loss of weight	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Merrs C. Fone M. D.
Address 118 Bisquith St Date signed 9-3-43

VS 180

G 01776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

G 01776 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Supply the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT St. • RUTLAND AVE
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 RUXTON AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Rubin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Nathan Rubin
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Roger Goldberg
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Nathan Rubin
(b) Address 2005 Ruxton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Balto. Md.

18 (a) Funeral director Jacob Levin Inc
(b) Address 1439 E. Balto. St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3, 1943, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942, to MAR 3 1943, and that I last saw her alive on Mar 3 1943.

Immediate cause of death

Duration

Circulatory collapse

Due to Pemphigus vulgaris

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Levitt, M. D.
Address Sinai Hospital Date signed 3/3/43

VS 1

Incomplete age?

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 83a

Registered No. C 01777

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rosedale
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCIS J. RUTH

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Georgia Ida Ruth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1862

8. AGE: Years	Months	Days	If less than one day
81	0	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Francis J. Ruth
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Admas
15. Birthplace Germany

16 (a) Informant Mrs. C. E. Keller
(b) Address 3919 Ridgecroft Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm J. TICKNER & SONS
(b) Address Balto., Md.

MAR 4 — 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 2, 1943, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1943, to March 2 1943, and that I last saw him alive on March 2 1943.

Immediate cause of death	Duration
cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. N. Ruth
Address 2324 Remington Rd Date signed 3/3/43 M. D.

VS 200

G 01778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 | a

Registered No. G 01778

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3520 N. Milton St.

(c) Hospital or institution: Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3935 Edmondson Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Koestner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed.

6 (b) Name of husband or wife Louisa Dauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/14/1856

8. AGE: Years	Months	Days	If less than one day
86	2	16th	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired Custom Cutter

11. Industry or business Tailoring.

FATHER — 12. Name Thos. Koestner

13. Birthplace Germany

MOTHER — 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs Marie P. Miller

(b) Address 3935 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location London Park

18 (a) Funeral director Harry H. Welsh

(b) Address 410 Edmondson Ave

19 (a) MAR A — 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1/43 at 4A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10/43 to 3/1/43 and that I last saw him alive on 2/28/43

Immediate cause of death: Cardio-renal - Macular disease

Duration Since 2/10/43.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George A. Rayden.

Address 323 Med. Arts Bldg. Date signed 3/3/43

VS 3

E 01779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1220

Registered No. G 01779

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not abbreviate. Give full name of street and number, if any, or other exact location. If not in a hospital or institution, give residence. Make entries in ink. Use black ink. Do not use pencil. Be sure that the cause of death is stated so that it can be understood. Do not use indefinite or unsatisfactory terms. Do not report symptoms of conditions resulting from disease. Do not report mode of dying, such as heart failure, asphyxia, or exhaustion. Do not report occupations that are not customary for persons of the age stated. Write plainly in the space provided for each item. Do not crowd. Do not omit any item or leave any blank unless it is impossible to obtain the information required. If there is no entry for a certain item, write "None" or "Unknown" so as to show that the item has not been overlooked. Be sure that the date of death is complete and correct. Be sure that the age is correctly stated. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 E. Eager St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lockmiller, Samuel M.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10 1881

8. AGE: Years	Months	Days	If less than one day
61	6	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Lockmiller
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Seyfried
15. Birthplace Germany

16 (a) Informant Henry Lockmiller
(b) Address 2402 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2104 E. Baltimore St

19 (a) MAR 4 – 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3-1943 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1943 to 3-3 1943 and that I last saw alive on 3-2 1943.

Immediate cause of death	Duration
Due to Strangulated Femoral Hernia, Umbilical	3 days
Due to Cardiac failure	
Other Conditions Arteriosclerosis, Chronic Nephritis	

(Operation within 3 months of death)

Date of operation 2-28-43

Major findings of operation: Strangulated Femoral Hernia, Umbilical

of autopsy same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 3/3/43

VS 8

G 01750 ✓ G 01750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 E. Preston st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Waldman

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-03-9210

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17-1899

8. AGE: Years	Months	Days	If less than one day
43	4	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Candy Maker
11. Industry or business Joslins Candy Co

FATHER
12. Name Jas G. Waldman
13. Birthplace Baltimore

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Viola Stovell
(b) Address 1919 E. Preston st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick avenue
18 (a) Funeral director Henry Lutz
(b) Address 203 N. Broadway
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to March 2 1943, and that I last saw deceased alive on 3/2 1943.

Immediate cause of death: Subarachnoid Hemorrhage — Duration 4 days
Due to: Hypertensive Cardio-Vasc-Renal disease
Due to: Chronic Nephritis — 10 yrs
Other Conditions: Had nephrectomy July 1942 (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Bowman M. D.
Address Franklin Sq Hosp Date signed

VS 2

Physicians: please write the causes of death clearly and correctly. Any unusual circumstances which may throw light on the correct age is especially important.

G 01781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01781 Registered No.

100 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution:
Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3¼ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ballard Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lula Pilert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife James L. Pilert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13th 1881

8. AGE: Years	Months	Days	If less than one day
62	1	19	hr. min.

9. Birthplace Balto. Co. Maryland
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name David J. Mearer
13. Birthplace Balto. Co. Maryland

MOTHER
14. Maiden Name Sarah C. Kline
15. Birthplace Unknown

16 (a) Informant Mr. Louis Pilert
(b) Address Essex Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 5 1943 (month) (day) (year)
(c) Cemetery or crematory Ebenezer Methodist
Location Chase Md.

18 (a) Funeral director Lawson Funeral Home
(b) Address 7401 Belair Road

19 (a) MAR 4 – 1943 (Date filed by registrar) Hunting Van Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943 at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 2 1943 to 3 - 2 1943 and that I last saw h er alive on 3 - 2 1943.

Immediate cause of death Circulatory failure — Duration

Due to Pulmonary infarction — 18 hrs?

Due to Thrombophlebitis, Rt leg

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulmonary embolus & infarct.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Sinai Hosp. of Balto. Inc. Date signed 3 - 2 - 43
Monument & Rutland Ave.

VS :

Please write plainly, with unfading ink. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a

G 01782
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 St Georges Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 St Georges Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Crouch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	13		hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Franklin Crouch
13. Birthplace Va.

MOTHER
14. Maiden Name Elsie
15. Birthplace W. Va.

16 (a) Informant Franklin Crouch
(b) Address 1017 St. Geo. Rd. [illegible]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Manassas
Location Manassas Va.

18 (a) Funeral director John D. Mitchell
(b) Address 1900 Eutaw Place

19 (a) MAD 5 [illegible] (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4 1943, at 7.40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death Meningitis
Due to Otitis Media Bilateral
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McHaley M.D.
Medical Examiner.
Date signed 3/4 43.

VS 4

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 01783

CERTIFICATE OF DEATH

937 G 01783

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 ASHLAND AVE St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME JOHN ADAM HOLTZAPPLE 76 4

If U. S. Veteran specify WAR .....

(a) Residence: No. 4208 ASHLAND AVE St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CARRIE ELIZABETH H.

6. DATE OF BIRTH (month, day, year) FEB. 3, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COOK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DINER

10. Date deceased last worked at this occupation (month and year) 3/43

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) YORK COUNTY PENNSYLVANIA

FATHER

13. NAME JACOB HOLTZAPPLE

14. BIRTHPLACE (city or town) (State or country) YORK COUNTY PA.

MOTHER

15. MAIDEN NAME LEAH FACKLER

16. BIRTHPLACE (city or town) (State or country) YORK COUNTY PA.

17. INFORMANT EARL E. HOLTZAPPLE

(Address) 4208 ASHLAND AVE

18. BURIAL, CREMATION, OR REMOVAL Pa. Linkles Cem. Yorkbo Date MAR 4, 1943

19. UNDERTAKER Thomas & Brown

(Address) 3615-17 Eastern Ave.

MAR 4 1943 19.....

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 4, 1943

22. I HEREBY CERTIFY, That I attended deceased from FEB. 28, 1943 to MARCH 4, 1943

I last saw him alive on MARCH 3, 1943 Death is said to have occurred on the date stated above, at 6.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	2/28/43
HYPERTENSIVE HEART DIS.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Max Baum M. D.

(Address) 1501 N. Milton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

G 01734

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01734 Registered No.

CERTIFICATE OF DEATH 93 E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 29 E. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 69 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 E. North Avenue
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Louisa Doebereiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife --------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1863

8. AGE: Years 79 | Months 2 | Days 10 | If less than one day -- hr. -- min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER
12. Name Christian Doebereiner
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Pittroff
15. Birthplace Germany

16 (a) Informant Miss Bettie Doebereiner
(b) Address 29 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Date received) MAR 4 1943 (b) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 1240 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1943, to Mar 2 1943, and that I last saw her alive on Mar 1 1943

Immediate cause of death: I Myocardial Insufficiency — Duration 2 weeks

Due to: Hypostatic Pneumonia — 2 weeks

Due to: Senility — —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. McGuirk M.D.
Address 31 E North Ave Date signed Mar 3 1943

G 01785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 01785 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1909 Forest ParkAve.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 Forest Park Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peggy Ann Sly

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1941

8. AGE: Years	Months	Days	If less than one day
1	3	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation ----

11. Industry or business

FATHER
12. Name Harold P. Sly
13. Birthplace Woodhull, N. Y.

MOTHER
14. Maiden Name Reda Wittig
15. Birthplace Ulster, Pa.

16 (a) Informant Harold P. Sly
(b) Address 1909 Forest Park Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Druid Park Ave. Balto. Md.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) MAR 8 - 1943 (Date Filed by Registrar) Hunting for Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1943 to Mar 3 1943, and that I last saw her alive on 19

Immediate cause of death Pneumonia Bronchitis — Duration 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo F Everhart M. D.
Address 5100 Windsor Mill Rd Date signed 3/3/43
Howard J. Mullin, M.D. R.F.

G 01736

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01286
Registered No.

CERTIFICATE OF DEATH 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 Berry Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Berry Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Chester Wilson

3 (b) If veteran, name war –
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Bessie L. Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1893

8. AGE: Years	Months	Days	If less than one day
50	2	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired - Gas Station attendant
11. Industry or business Mayo Station

FATHER
12. Name Henry Wilson
13. Birthplace Md.

MOTHER
14. Maiden Name Suzie Hurbeck
15. Birthplace Md.

16 (a) Informant Bessie L. Wilson
(b) Address 705 Berry st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6/43 (month) (day) (year)
(c) Cemetery or crematory Poplar
Location Balto Co. Md.

18 (a) Funeral director Clemmer & Donovan
(b) Address 2615-17 Eastern Ave

19 (a) MAR 4 – 1943 (Date rec'd by the registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 3 - 1943, at 12 ☐ P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Advanced Chronic Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malden M.D.
Medical Examiner.
Date signed 3-4-43

VS 6

G 01737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

830 G 01737 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie C. Keller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Howard E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1870

8. AGE: Years	Months	Days	If less than one day
72	5	2	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Nicholas Borcella
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Borcella
15. Birthplace Italy

16 (a) Informant Mrs Conrad Klank
(b) Address 711 Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 43 (month) (day) (year)
(c) Cemetery or crematory Saint Vincents
Location Baltimore md

18 (a) Funeral director Albert W. Deregay
(b) Address 440 E North Ave

19 (a) (b) Hunting for Williams, M.D. Registrar

MAR 4 1943

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1943, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1943 to March 1 1943 and that I last saw h. alive on 2-28 1943.

Immediate cause of death Cerebral Hemorrhage — 2 hr 10 day — 1 yr

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

Duration
2 hr 10 day
1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Klank
Address 2530 Eastern Ave Date signed 3/5/43

G 01788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01788 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore
(b) Street address 1840 Lorman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 1840 Lorman (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
53	—	—	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Charlotte Smith Harris
15. Birthplace Va.

16 (a) Informant Charlotte Smith
(b) Address 1937 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Ft. to Col. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. [illegible] (Assisting or Undertaking)

MAR 4 1943 (Date received by Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 - 1943 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1943 to Mar 3 1943 and that I last saw h[illegible] alive on 3/1 - 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 1 Da

Due to Cardio Vascular Renal Disease

Due to Hypertension

Other Conditions Contributing

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm R Boykin M. D.
Address 1635 Eutaw Date signed 3/4/43

G 01789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 01789

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Taylorsville (If outside city or town limits, write RURAL and give town)
(d) Street No. R. D. Westminster (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Helen Fringell
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Harry Fringell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1895

8. AGE: Years	Months	Days	If less than one day
47	8	7	hr. min.

9. Birthplace Carroll Co. Maryland. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business Own Home

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Willa A. Hann
15. Birthplace Maryland.

16 (a) Informant Hospital Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-43 (month) (day) (year)
(c) Cemetery or crematory Taylorsville
Location Taylorsville Carroll Co. Md.

18 (a) Funeral director C. M. Wantz
(b) Address Westminster, Md.

MAR 4 - 1943 (Date rec'd by registrar) (b) Huntingtown, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2 1943, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1943, to 3-2 1943, and that I last saw her alive on 3-2 1943.

Immediate cause of death Uremia — Duration
Due to Carbuncle of Kidney
Due to Diabetes Mellitus
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 2-26-43
Major findings of operation 3-2-43 Carbuncle of Kidney
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Kardash
Address University Hosp. Date signed 3-2-43 M. D.

VS 189

G 01790 ✓ G 01790

Registered No.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

80158

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2723 E. Chase St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Hammer

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.: Married

6 (b) Name of husband or wife: Margaret HAMMER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1883

8. AGE: Years 59 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name ADAM HAMMER.
13. Birthplace Md.

MOTHER
14. Maiden Name Lottie ZEBENHOUSE
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (b) Date thereof 3- 6 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER CEM.
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

MAR 4- 1943
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3 1943, at 10 24 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1943 to 3-3 1943, and that I last saw h[illegible] alive on 3-3 1943.

Immediate cause of death: Cerebral hemorrhage — Duration 6 hrs.
Due to Hypertension & C.V. disease — 7 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Ind & Lond

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Rathbun M.D.
Address Balt. City Hosp. Date signed 3-3-43

For Dr. H. Rathbun
Howard J. Watson, M.D.

G 01731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 01731 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 YR S.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 SCOTT ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James R Sullivan

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 277 07 6875

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MILDRED M. SULLIVAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 24 1903

8. AGE: Years: 39 | Months: 2 | Days: 7 9 | If less than one day: hr. min.

9. Birthplace: NEWARK OHIO (Town, county, and state)

10. Usual Occupation: IRON MOULDER

11. Industry or business: B & O RAILROAD SHOPS

FATHER
12. Name: JOHN SULLIVAN
13. Birthplace: NEWARK OHIO

MOTHER
14. Maiden Name: NELLIE ORORAK
15. Birthplace: NEWARK OHIO

16 (a) Informant: MILDRED M. SULLIVAN (WIFE)
(b) Address: 110 SCOTT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 6/43 (month) (day) (year)
(c) Cemetery or crematory: CEDAR HILL
Location: NEWARK OHIO

18 (a) Funeral director: Leilly & Gelerine
(b) Address: 403 S. WOLFE ST.

19 (a) 3/4/43 (Date rec'd by registrar) (b) Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3 1943, at 3:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1943, to 3-3 1943, and that I last saw h.i.m. alive on 3-2 1943.

Immediate cause of death: Carcinoma of descending colon

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation 11-28-42

Major findings of operation: CA of descending colon

of autopsy: CA of colon & Cerebellum

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Theodore Kurdak, M. D.
Address: University Hosp. Date signed 3/3/43

C 01732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C 01732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-1-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (Borough)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 845 N. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas F. Mc Carthy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) P 1877

8. AGE: Years	Months	Days	If less than one day
About 55			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business For Balto. City

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr Jerry Quirk

(b) Address 2324 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director John J. Keenan & Son

(b) Address 961 Hollins St.

19 MAR 4 - 1943 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1- 1943, at 7A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest and from the evidence obtained by said (Autopsy or Inquiry) Autopsy & Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner.

Date signed 3-2-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 01793 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1141 N. Carey -
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1141 N. Carey (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mosell Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1911

8. AGE: Years	Months	Days	If less than one day
31	8	28	hr. min.

9. Birthplace Athens S. C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Marty Smith
13. Birthplace S. C.

MOTHER
14. Maiden Name Kate Stalling
15. Birthplace S. C.

16 (a) Informant Laurene Smith
(b) Address 629 A Sh W. Washington D C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 7-43 (month) (day) (year)
(c) Cemetery or crematory
Location Augusta Ga

18 (a) Funeral director Sam'l H. Chase Bow
(b) Address 638 N. Gilmor

19 (a) (Date rec'd by registrar) MAR 4 - 1943 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar - 4 1943, at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2/1943 to 3/4 1943, and that I last saw h[illegible] alive on 2/2 1943

Immediate cause of death Acute Lobar Pneumonia

Due to Sepsis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Lawrence M. D.
Address Irvington Date signed 3/4/43

Wagner G 01794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

G 01794 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Bevans St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years: 40 | Months | Days | If less than one day: hr. min.

9. Birthplace Wants. md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Schofield
13. Birthplace Upshur Co. W. Va.

MOTHER
14. Maiden Name Fannie Weaver
15. Birthplace Wakefield Md.

16 (a) Informant Mary C Schofield
(b) Address 638 Harlan Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof June 4 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Wants md

18 (a) Funeral director Archibald L. Taddie
(b) Address 2101 Mt Carmel St

19 (a) (Date received by Registrar) MAR 4 1943 Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1943, at 8:00 P M

21. I HEREBY CERTIFY, That I took charge of the ~~remains~~ described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said ~~autopsy~~ inquiry, find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Conflagration
2nd degree burns

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 27 1943 at 8:45 P M
(c) Where did injury occur? 720 Bevans St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Fire started by gasoline

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb 28 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01795

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01735 Registered No.

CERTIFICATE OF DEATH 13 a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1832 West Lombard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Balto
(c) City or town 1832 West Lombard (If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 West Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha J Hanifman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife David M. Hanifman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10 1873

8. AGE: Years 69 | Months 5 | Days 24 | If less than one day hr. min. 23

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Theodore Smith
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Karle
15. Birthplace Germany

16 (a) Informant Miss Catherine Hanifman
(b) Address 1832 West Lombard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Road

18 (a) Funeral director Virgin Bodt Inc
(b) Address 1217 St Paul Street

19 (a) (Date received) MAR 4 1943 (b) Registrar's signature Lee Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd 1943 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11 1943 to 3/3 1943, and that I last saw her alive on 3/2 1943

Immediate cause of death
(a) Uraemia 10 days
Due to Chronic Nephritis
(b) arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Hanifman M.D.
Address 1111 Lee Date signed 3/4/43

VS 3

Please write plainly, with ordinary ink. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01736

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01736

CERTIFICATE OF DEATH 93D

Registered No. _____

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2203 Hanneman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 Hanneman Ave
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME LOUIS UHL

3 (b) If veteran, name war _____

3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed.

6 (b) Name of husband or wife Louisa Anna Uhl
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 9th, 1852

8. AGE: Years	Months	Days	If less than one day
90	2	24	_____ hr. _____ min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jacob Uhl
13. Birthplace Unknown

MOTHER
14. Maiden Name _____
15. Birthplace Germany

16 (a) Informant Lula R Uhl Kaufman
(b) Address 2203 Hanneman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto., Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 N. Eutaw St. Baltimore 1 Md

19 (a) MAR 8 – 1943 (Date rec'd by registrar) (b) _____ Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic
Cardiovascular
Due to disease
Due to _____
Other Conditions _____
(Include pregnancy within 3 months of death)
Date of operation _____
Major findings of operation: _____
of autopsy: _____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-3-43

G 01797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 01797

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Luzerne Ave
(Rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hammond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/43

8. AGE: Years	Months	Days	If less than one day
		17	3 hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Willard Hammond
13. Birthplace Moundsville W. Va.

MOTHER
14. Maiden Name Addie A. Mc Daniel
15. Birthplace Cheyne Md

16 (a) Informant Father
(b) Address 112 N. Luzerne Ave

17 (a) Burial (b) Date thereof 3-5-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave.

18 (a) Funeral director C. E. Schmincke
(b) Address 2601 E. Madison

19 (a) (Date rec'd by Local Reg.) MAR 4 1943 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from February 16, 1943, to March 3, 1943, and that I last saw him alive on March 3, 1943.

Immediate cause of death	Duration
Acute Catarrhal Pneumonia	16 hrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged additionally.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Edward L. Kaiser Jr. M. D.
Address Bon Secours Hosp. Date signed 3/3/43

VS 1

C 01798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 160c

X ✓ C 01798 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Braeside Road. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Sanders

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.		

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			7 hrs min.

9. Birthplace Bon Secours Hospital Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur Sanders
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ruth Kirkle
15. Birthplace Nebraska

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 Edmondson Ave

19 (a) MAR 4 1943 (b) (Filed by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943 to March 4 1943, and that I last saw h alive on March 4 1943.

Immediate cause of death: Placenta Praevia — Duration
Due to
Due to
Other Conditions Toxemia pregnancy
(Include pregnancy within 3 months of death)
Date of operation 3/3
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. J. Meyer M. D.
Address Bon Secours Hosp. Date signed 3/4/43

Hunting to Williamsport

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01799

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01799
CERTIFICATE OF DEATH 83 N Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 Jasper St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Jasper St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Taylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mamie Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 16, 1890

8. AGE: Years: 52 | Months: 10 | Days: 16 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Moses D. Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Bell Toles
15. Birthplace Va.

16 (a) Informant Mamie Taylor
(b) Address 644 Jasper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) Registered by (Signature) Huntington Williams, M.D. Registrar
(b) Date received MAR 4 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 2 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943 to March 2 1943 and that I last saw h alive on 19

Immediate cause of death: Coronal Hemorrhage — Duration 1 day
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Stewart M.D.
Address 628 N. Eutaw Date signed 3/4/43
For Dr. H. L. Mollenniger
Howard L. Kingsbury, M.D.

VS 180

G 01800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

✓ G 01800 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 W. Saratoga St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alberta Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Henry Jones

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) May 31 1901

8. AGE: Years 42 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace Kenbourn N.C. (Town/county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Monie Green

13. Birthplace N.C.

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Henry Jones

(b) Address 622 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-43 (month) (day) (year)

(c) Cemetery or crematory Loudon, N.C.

Location Memorial Park

18 (a) Funeral director Adolphus Hall

(b) Address 928 Druid Hill Ave.

19 (a) MAR 4 - 1943 (Date rec'd by registrar)

(b) [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1943, at 7 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)*
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Valvular heart disease — Duration

Antecedent Aortic regurgitation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature for O.H.L. Howard J. Malone M.D.
Medical Examiner.
Date signed 3-4-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 01801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 12a

G 01801 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 N. Augusta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 N. Augusta Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah R. Lease

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Albert O. Lease
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 2 1859

8. AGE: Years	Months	Days	If less than one day
84	6	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business Own Home

FATHER
12. Name Edward Allen
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Edward E. Allen
(b) Address Hagerstown Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/4/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lutheran
Location Shawsbury Pa

18 (a) Funeral director Wm. Leach Son Inc
(b) Address 121 W. Paul ST

19 (a) MAR 4 1943 (Date received by registrar) (b) Huntingdon Wilkes Md Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3rd 1943 2:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1942 to Mar 3 1943 and that I last saw her alive on Mar 3 1943

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days
Due to: Chr. nephritis — 6 yrs
Due to: Arteriosclerosis —
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas L. Todd
Address 735 N. Fulton Ave Date signed 3/4/43

G 01802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01802
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) ~~Hospital or~~ institution: Home for the Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella V. Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ John T. Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31st 1850

8. AGE: Years 92 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER
12. Name Robert M. Chambers
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary E. Sherwood
15. Birthplace Md.

16 (a) Informant Record M. E. Home
(b) Address 2211 Rogers Ave

17 (a) Burial (b) Date thereof 3/5/'43
(Burial, cremation, or removal) (month) (day) (year)

(c) ~~Cemetery or Crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director William Goth Inc
(b) Address 1209 St. Paul St

19 (a) MAR 4 1943 (b) Hunter & Son Hill Baltimore, Md.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3rd 1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to Mar 1 1943 and that I last saw her alive on Mar 1 1943.

Immediate cause of death Apoplexy.
Due to Arteriosclerosis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 1/2 hr. 10 yrs

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
(Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Dana M. D.
Address 800 W 38th Date signed 3-4-43

G 01803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 01803 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 North Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 South Clinton St. (If rural give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3 (a) FIRST NAME Lawrence L LAST NAME Davis
3 (b) If veteran, name war
3 (c) Social Security Account No 214-01-4987

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary L Davis
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 30-1893

8. AGE: Years	Months	Days	If less than one day
49	3	26	hr. min.

9. Birthplace Orange Va (Town, county, and state)
10. Usual Occupation Shipper
11. Industry or business

FATHER
12. Name R F Davis
13. Birthplace Orange Va

MOTHER
14. Maiden Name Lottie Sanders
15. Birthplace Orange Va

16 (a) Informant Wife
(b) Address 402 S. Clinton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7-43 (month) (day) (year)
(c) Cemetery or crematory Antioch
Location Orange Co. Virginia
18 (a) Funeral director Frank J. Supitone
(b) Address 2514 E. Baltimore St
MAR 4 - 1943 (Date received by Registrar) (b) Huntingtown Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943 to Mar. 4 1943, and that I last saw him alive on Mar. 3 1943.

Immediate cause of death Respiratory failure — Duration

Due to Brain abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Brain abscess right temporal area.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl A. Dellinger M. D.
Address St Joseph's Hospital Signed March 4 1943
Baltimore, Md.

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 01804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01804 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 + 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Cecilton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Anna Loller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-05

8. AGE: Years	Months	Days	If less than one day hr.	min.
37	7	16		

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Loller
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Alderson
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7 1943 (month) (day) (year)
(c) Cemetery or crematory Cecilton
Location Cecilton Md.

18 (a) Funeral director John F Longo
(b) Address Cecilton Md.

MAR 5 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

57

20. DATE OF DEATH March 4 1943 at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1943 to March 4 1943, and that I last saw her alive on March 4 1943

Immediate cause of death: Increased intracranial pressure
Due to Brain abcess
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation 3-3-43
Major findings of operation: Brain abcess
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Sherman M.D.
Address Johns Hopkins Hosp. Date signed 3-4-43 M. D.

G 01805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 01805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Penrose Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Penrose Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Rae A. Crissman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Wilbur F. Crissman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30 1881

8. AGE: Years	Months	Days	If less than one day
61	6	3	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jack Reed
13. Birthplace Va

MOTHER
14. Maiden Name Emma K. Burton
15. Birthplace Va.

16 (a) Informant Wilbur F. Crissman
(b) Address 2105 Penrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6 - 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George C. Schnepf
(b) Address 2101 Frederick Ave

19 MAR 5 - 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943, at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to March 3 1943. and that I last saw her alive on March 3 1943.

Immediate cause of death	Duration
Acute Cardiac failure	1 Day
Due to Hypertensive H.D.	
Due to	
Other Conditions Cholecystitis with Lithiasis (Include pregnancy within 3 months of death)	?

Date of operation None
Major findings of operation: ?
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Charles Conner Jr. M.D.
Address 100 W. Fayette St Date signed 3/5/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 01806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46B

G 01806 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Do not use abbreviations. Do not use ditto marks. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2610 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2610 W Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nicholas Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-7715

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Grace E. Miller

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 9th 1882

8. AGE: Years	Months	Days	If less than one day
60	7	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation BOTTLER
11. Industry or business Raised Bunny

FATHER
12. Name Peter Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Sharp
15. Birthplace Germany

16 (a) Informant Grace E. Miller
(b) Address 2610 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)
(c) Cemetery or crematory Loudenn
Location Loudenn, Md.

18 (a) Funeral director E. A. WIPPERT SON.
(b) Address 1210 Eastern Place

MAR 5 - 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3 1943, at 9.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1, 1942 to 3/3 1943, and that I last saw h. im alive on 3/3 1943.

Immediate cause of death Gastric Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Bayless M. D.
Address 1600 Williams Ave Date signed 3/4/43

G 01807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 01807

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Teckner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frederick Teckner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20-1859

8. AGE: Years	Months	Days	If less than one day
83	4	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Peter Luers
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6-1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 4624 Falls Road

19 MAR 5 - 1943 (b) Horace F. Burgee Williams M.D. Registrar
Registered by registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 - 1942 to Mch 4 1943. and that I last saw her alive on Mch 3 - 1943.

Immediate cause of death

Edema of Lungs — Duration 3 days

Due to Chronic Myocarditis — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 3/4/43

G 01803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 c

G 01808
Registered No.

Type or write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 E. Cross St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Copsey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1Hr. Mar. 3/1943

8. AGE: Years | Months | Days | If less than one day: 1 hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name James Allen Copsey
13. Birthplace St. Mary's Co. Maryland

MOTHER
14. Maiden Name Ethel Virginia George
15. Birthplace Pasadena Maryland

16 (a) Informant Mrs. Ethel Virginia Copsey
(b) Address 206 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date received by Registrar) MAR 5 1943 (b) Filed by William M. Mareck Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3-43 19 at 10.45P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3- 1943. to 3-3- 1943. and that I last saw him alive on 3-3- 1943.

Immediate cause of death Placenta Praevia — Duration

Due to

Due to

Other Conditions 30 wks. pregnancy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. J. Mrue M. D.
Address Bon Secours Hosp. Date signed 3/4/43

G 01809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01809 ✓ 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Price Luedecke ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1942

8. AGE: Years	Months	Days	If less than one day
	4	19	hr. 21 min.

9. Birthplace Balt. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Walter Luedecke
13. Birthplace Montana

MOTHER
14. Maiden Name Dorothy E. Price
15. Birthplace Queenstown Md.

16 (a) Informant Mrs. Dorothy E. Luedecke
(b) Address 1935 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Centerville Md.

18 (a) Funeral director Gay H. Little
(b) Address 7 W. Edmondson Ave

19 MAR 5 - 1943 (Registered by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 6 52 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943 to March 5 1943, and that I last saw him alive on March 5 1943.

Immediate cause of death Lobar Pneumonia — Duration 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at : M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fearing M. D.
Address St. Joseph's Hosp Date signed 3-5-43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and

G 01810

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01810
CERTIFICATE OF DEATH 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1729 Bolton Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 Bolton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Edwin Gott

3 (b) If veteran, name war Spanish-American War

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Harriett H. W. Gott

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-17-1878

8. AGE: Years 64 | Months 9 | Days 17 | If less than one day: hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Gott
13. Birthplace Maryland

MOTHER
14. Maiden Name Bowie
15. Birthplace Maryland

16 (a) Informant Miss Ruth A Godwin
(b) Address 1735 Bolton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 43 (month) (day) (year)
(c) Cemetery or crematory St. Johns, Waverly
Location Baltimore, Md.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W North Avenue

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

MAR 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943 at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to March 4 1943 and that I last saw him alive on Feby 28 1943.

Immediate cause of death Coronary occlusion — Duration after onset

Due to Chronic Arteriosclerosis — Duration several years

Due to

Other Conditions Bronchial Asthma — Duration several years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J W Keown Jnr
Address 938 Linden Ave Date signed 3/4/43

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G 01811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

G 01811 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 871 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mozell Dean

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-30-41

8. AGE: Years	Months	Days	If less than one day hr.	min.
1	1 1/2	3		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER 12. Name Lloyd Dean
13. Birthplace Virginia

MOTHER 14. Maiden Name Lillian Dean
15. Birthplace Virginia

16 (a) Informant Lillian Dean
(b) Address JOHNS HOPKINS HOSPITAL 871 Greenmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 3 (day) 43 (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co

18 (a) Funeral director Payne Sanders
(b) Address 412 E. Preston St

19 (a) [illegible] (b) [illegible]
(Date received by local registrar) Hunting ton Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 19 43 at 9 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to 19 . and that I last saw h/m alive on March 3 19 43.

Immediate cause of death: Pneumonia (broncho) — Duration

Due to with Heart failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe

Address Johns Hopkins Date signed 3/3/43

C 01812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 01812 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore – Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Elm Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Casper Meusel

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	215-05-9769	M	W	Married

6 (b) Name of husband or wife Anna Margaret Wilhelm 6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) August 9, 1884

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	6	25		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Compressor
11. Industry or business Standard Oil Co, NJ.

FATHER
12. Name George Meusel
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea ? ?
15. Birthplace Germany

16 (a) Informant Anna M. Meusel
(b) Address 4 East Elm Ave Overlea

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem.
Location Taylor avenue

18 (a) Funeral director W. W. & Appels Sons
(b) Address Lombard & Milton Sts. M.P.

19 (a) MAR 5 – 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4 1943 at 12.25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above. (Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B McNally M.D. Medical Examiner
Date signed 3/4/43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01813 Registered No. 1190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 Washington Blvd (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME James Burton

3 (b) If veteran, name war	3 (c) Social Security Account No.
infant	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	infant

6 (b) Name of husband or wife infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/24/42

8. AGE: Years	Months	Days	If less than one day
	3	10	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Clarence Burton
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Bertha Elenor Worley
15. Birthplace Cashmere Md.

16 (a) Informant Mrs. Bertha Burton
(b) Address 525 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 6 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location north of Greenmount

18 (a) Funeral director Clark W. Eichelberger
(b) Address 637 Washington Blvd

19 (a) (Date received by Registrar) MAR 5 1943 Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943, at 3 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1943 to March 4 1943, and that I last saw h[im] alive on March 4 1943.

Immediate cause of death: Dehydration, Accidosis
Due to Diarrhea
Due to Pneumonia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. R. Shipley M. D.
Address University Hospital Date signed Mar

G 01814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01814 Registered No. 94 av

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2931 Oakley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2931 Oakley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM HAMMACH, SR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-1026

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband~~ or wife Blanche D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1886

8. AGE: Years	Months	Days	If less than one day
56	7		hr. min.

9. Birthplace Alexandra, Virginia (Town, county and state)
10. Usual Occupation Crane Operator
11. Industry or business

FATHER
12. Name William L. Hammack
13. Birthplace Alexandra, Va.

MOTHER
14. Maiden Name Elaine Dexter
15. Birthplace Washington, D. C.

16 (a) Informant Mrs. Blanche Hammack
(b) Address 2931 Oakley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Young Brothers
(b) Address 5000 Park Heights Ave

19 (a) MAR 5 - 1943 (Date rec'd by registrar) Huntington Matthews Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquiry~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to:	
Due to:	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenwerber M.D.
Medical Examiner.
Date signed 3-3-43

Correct age in typewriting important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 01815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 124B

G 01815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Cooks Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John A. Cook.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Alice G. (nee Hoff)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1875

8. AGE: Years 67 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Florist

11. Industry or business

FATHER
12. Name John Cook
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Pfeifer
15. Birthplace Md.

16 (a) Informant Dorothy Cook Malone
(b) Address 713 Cooks Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Smith
(b) Address 4101 Edmondson ave

19 (a) (Date recd by registrar) MAR 5 - 1943 (b) Huntington Mill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943, at 12 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1943 to 3/3 1943, and that I last saw h[illegible] alive on 3/3/43 1943.

Immediate cause of death	Duration
[redacted]	
Acute hepatitis	6 days
Due to Cirrhosis of liver	4 years
Due to	
Other Conditions Arteriosclerosis. Moderate	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Kraig M.D.
Address Bon Secours Hosp. (Do not sign unless you signed) 3/5/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 01816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 309

C 01816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pulaski & Rayner ave.
(c) Hospital or institution: West Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Frederick ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 29 yrs.

3 (a) FULL NAME Patricia F. Chernow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Theodore Chernow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1908

8. AGE: Years 34 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Joseph Rygasewitz
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Theodore Chernow
(b) Address 4011 Frederick Rd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Harry H. Mitzel
(b) Address 410 E. Lafayette ave

19 (a) Hunting for Williams, M.D.
(Date) MAR 5 1943 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4 1943 at 7:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 1943 to 3/4 1943.
and that I last saw h alive on 19

Immediate cause of death: Toxic Nephritis and Hepatitis due to Measles Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Thompson
Address West Balto. Gen. Hosp. Date signed 3/9/43

G 01817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 01817

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Guerry — Emmett L. Guerry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1904

8. AGE: Years	Months	Days	If less than one day
39	-	21 23	hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Worked in Shipyard

11. Industry or business

FATHER
12. Name Theodore L. Guerry
13. Birthplace Ga

MOTHER
14. Maiden Name Addie Lee Mitchell
15. Birthplace Ga

16 (a) Informant J. M. Guerry
(b) Address 816 - 8th St. N.E.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 3/5/43

(c) Cemetery or crematory
Location Lake City, Fla

18 (a) Funeral director Harry H. Nuttycombe
(b) Address 410 E. Lanvale Ave

19 (a) MAR 5 — (b) Irving Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3/43 19 . at 6 48 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25/43 19 to 3/3/43 19 , and that I last saw him alive on 3/3/43 19 .

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Acute Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis E. Goodman Jr. M. D.
Address Franklin Sq Hosp Date signed

VS 3

G 01818 | BALTIMORE CITY HEALTH DEPARTMENT X | G 01818
429652

CERTIFICATE OF DEATH √ 114E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn. (b) County
(c) City or town Roam Mt.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Lee Stevens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-17-42
8. AGE: Years 1 | Months 1 | Days 17 | If less than one day ___ hr. ___ min.
9. Birthplace Tenn. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clarence Stevens
13. Birthplace Tenn.

MOTHER
14. Maiden Name Voreta Bowers
15. Birthplace Tenn.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)
(c) Cemetery or crematory Roan Mountain Cem.
Location Roan Mountain, Tenn.
18 (a) Funeral director John e Mitchell Brooks
(b) Address 1900 Eutaw place
19 (a) MAR 5 - 1943 (Date received by local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943, at 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1943 to March 4 1943 and that I last saw him alive on March 4 1943

Immediate cause of death: Cardiac failure | Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert John Sheldon M.D.
Address Johns Hopkins Hosp. Date signed 3/5/43

VS 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01819 Registered No. 13

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. Bellona Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Anna Shook — Anna Marie Shook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	married

6 (b) Name of husband ~~or wife~~ Ira Roland Shook
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1891

8. AGE: Years	Months	Days	If less than one day
51	11	28	— hr. — min.

9. Birthplace County Wexford, Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Nicholas ~~Hutchinson~~ ~~Annie~~ Dillon
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Dillon
15. Birthplace Ireland

16 (a) Informant Ira Roland Shook
(b) Address Lutherville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Maryland.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) (Date received by Registrar) MAR 5 1943 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3 1943, at 1 43 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1943 to 3-3 1943 and that I last saw h ~~alive~~ on 3/ 43 p 1943.

Immediate cause of death	Duration
Acidosis	
Due to Nephritis	
Due to Toxemia uteri	
Other Conditions Severe anemia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hayden B. Klyanowicz M.D.
Address St. Joseph's Hosp. Date signed 3/4/43.

G 01820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 124B

G 01820 Registered No.

1. PLACE OF DEATH: St Joseph's Hosp
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lanvale St.
(c) Hospital or institution:
St Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State M (b) County Fullerton
(c) City or town —
(If outside city or town limits, write RURAL and give town)
(d) Street No. Putty Hill ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maud Schramm Maud Schramm

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Mary

6 (b) Name of husband or wife Frank A. Schramm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27. 1889

8. AGE: Years 53 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Robt Grady

13. Birthplace Md

MOTHER 14. Maiden Name Dora Kerr

15. Birthplace —

16 (a) Informant Mrs Majie Scott

(b) Address 901 N Lakewood Ave

17 (a) Burial (b) Date thereof March 8
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem

Location Catonsville

16 (a) Funeral director Ulrich Funeral Home

(b) Address 200 S Liberty Hillsville, Md.

19 (a) MAR 5 - 1943 (b) Hunting
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943, at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1943 to 3-4 1943 and that I last saw h[illegible] alive on 3-4 1943

Immediate cause of death

Carcinoma of liver

Due to (a)

Due to —

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: March 4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Thomas J. Grant M. D.

Address St Joseph's Hosp Date signed 3-4-43

VS 3

G 01821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 01821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dorothea Dix Hospital
(c) Hospital or institution: Court House
2310 Belmont Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 9 W
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 E 30th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Stout

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6th 1867

8. AGE: Years 76 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Augustus Ningard
13. Birthplace Md

MOTHER
14. Maiden Name Annie Matingly
15. Birthplace Va

16 (a) Informant Mrs Sadie Collins
(b) Address 608 E 30th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6th 1943 (month) (day) (year)
(c) Cemetery or crematory Balto Lawn
Location E North Ave Ext

18 (a) Funeral director Leo B. Lynch
(b) Address 1701-03 N Patt Park Ave

19 (a) Date received by local registrar MAR 5 1943
(b) Registrar Hortatio Jon Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3rd 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22/43 to 3/3/43.
and that I last saw her alive on 3/2/43.

Immediate cause of death: Cardio-renal-arteriosclerosis — Duration Years 1/22/43

Due to

Due to

Other Conditions: Fract. 1st hip, 1/24/43. Adm. Md Eye Hosp. 1/26/43.
(Include pregnancy within 3 months of death)

Date of operation 2/1/43

Major findings of operation: Smith Peterson nail. Discharged Md. Eye Hosp. 2/26/43.

Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard A Bonkrude

Address 1576 E. North Ave Date signed 3/3/43

Howard A. Bonkrude, M.D.

G 01822

G 01822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 949 W Franklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 949 W Franklin (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah J Jenson Jenson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	Col	Widow

6 (b) Name of husband or wife Joseph Jenson
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25-1853

8. AGE: Years	Months	Days	If less than one day
89	3	6	hr. min.

9. Birthplace Balto-Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

MOTHER / FATHER
12. Name John Horsey
13. Birthplace Md
14. Maiden Name Rachael Cooper
15. Birthplace Md.

16 (a) Informant Alice Williams
(b) Address 2418 Etting Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-43 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Balto, Md.

18 (a) Funeral director Mrs. Katie H. Williams
(b) Address 2229 N Schroeder St

MAR 5 - 1943 Alice J. Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1943, at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1943 to March 1943; and that I last saw h[illegible] alive on March 1943.

Immediate cause of death
Cerebral Hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature
Address Date signed Mar 5 1943

VS 1

G 01823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lenox Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore Stoneleigh
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Hatherleigh Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Medinger (George F. Medinger)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7600

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	divorced

6 (b) Name of husband or wife Carley Medinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1879

8. AGE: Years	Months	Days	If less than one day
63	4	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Machine Operator

11. Industry or business Black & Decker

FATHER
12. Name George Wm. Medinger
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Frances Schrant
15. Birthplace Worrms, Germany

16 (a) Informant Mrs. Allen W. Beam, Jr.
(b) Address 600 Hatherleigh Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) MAR 5 — 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3-1943 at 7-10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry, find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Apoplexy
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malden M.D.
Medical Examiner.
Date signed 3-4-43

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. G 01824

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 Penna. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 Penna. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Jengel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife Elizabeth Jengel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1866

8. AGE: Years	Months	Days	If less than one day
76	8	2628	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Clothing Mfg.

11. Industry or business

FATHER
12. Name Frank Jengel
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss T. Jengel
(b) Address 1536 Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Martin Bakey & Sons
(b) Address 1827 N. North Ave.

19 (a) (Date received by registrar) (b) Hunting to Williamsport, Md.

MAR 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1943, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15, 1943, to March 3, 1943 and that I last saw h alive on March 3, 1943

Immediate cause of death Uraemia

Due to Carcinoma of the Prostate

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Hurlan Bonsett M. D.
Address 817 Park Ave. Signed

H 29542825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

G 01825
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balte
(c) City or town DUNDALK (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 MAIN St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife MARY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-7-78

8. AGE: Years	Months	Days	If less than one day
64	5	25	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace S.C.

MOTHER
14. Maiden Name MARTHA ?
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 5 1943 (month) (day) (year)

(c) Cemetery or crematory
Location Chester S. Carolina

18 (a) Funeral director Mrs. Robert A. Elliott & Dept.
(b) Address 1129 N. Carolina St

MAR 5 1943 (Local registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR - 2 1943 at 11 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943 to MAR 2 1943 and that I last saw HIM alive on MAR 2 1943.

Immediate cause of death Generalized arteriosclerosis & hypertension and arteriosclerotic heart disease — Duration 2 yrs.

Due to

Due to

Other Conditions Pulmonary Emphysema Gangrene of Lower Leg
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Gustrian
Address The Johns Hopkins Hospital Date signed 3/3/43

G 01826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1820

G 01826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jonathan Redd — Jonethen Redd.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Infant —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/2/43

8. AGE: Years | Months 4 | Days 1 | If less than one day 4 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Russell Redd
13. Birthplace Roanoke, Va.

MOTHER
14. Maiden Name Katherine M. Green
15. Birthplace Baltimore, Md.

16 (a) Informant Katherine Redd
(b) Address 1214 Madison Ave.

17 (a) Burial (b) Date thereof 3/5/1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1617 Druid Hill Ave
(b) Harrington Williams M.D.
Registrar

MAR 5 – 1943
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 4 - 1943 at 9:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death: Upper Respiratory Infection

Due to

Due to

Other Conditions Probably Pneumonia due to bad alcohol?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 3-4-43

VS 6

01827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

Registered No. C 01827

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 China Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs.) mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 China Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elza Gross

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1876

8. AGE: Years	Months	Days	If less than one day
66	3	—	hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wash Simms
13. Birthplace Md

MOTHER
14. Maiden Name Elza Gross
15. Birthplace Md

16 (a) Informant Mildred Simms
(b) Address 806 China Street

17 (a) Burial (b) Date thereof 3-6-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Carrolls
Location Calvert Co Md

18 (a) Funeral director Zedekiah L. Brown & Son
(b) Address 1 & W Montgomery St

19 (a) MAR 5 - 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1943, to March 3 1943, and that I last saw h. alive on March 2 1943.

Immediate cause of death
Endocarditis

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D Carfax M. D.
Address 1016 E. Sharp St Date signed 3-2-43

VS 180

G 01828

T.N 12671

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01828 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome Bradley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4th 1861

8. AGE: Years	Months	Days	If less than one day
82	1	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Bradley
13. Birthplace Pa.

MOTHER
14. Maiden Name Isabelle Amos
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitlas
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) MAR 5 – 1943 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 3-4 1943, and that I last saw h alive on 3-4 1943.

Immediate cause of death
Bronchopneumonia
? Toxic dermatitis
Duration 2 Days

Due to
Duration 10 Days

Due to

Other Conditions Hypertrophic arthritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-5-43

VS 150

G 01829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01829

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 Ridgewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Ridgewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adeline Kauffman.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Charles Kauffman

6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.) March 20, 1889

8. AGE: Years 53 | Months 11 | Days 14 | If less than one day: hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Harry E. Wickesser.
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Keller.
15. Birthplace Md.

16 (a) Informant Charles Kauffman.
(b) Address 3308 Ridgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location

18 (a) Funeral director Reynolds & Donovan
(b) Address 3615-17 Christian St.

19 (a) MAR 5 — 1943 (Date received by registrar) Registrar

YS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1943, at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1943. to 3/4 1943.
and that I last saw h[illegible] alive on 3/4 1943.

Immediate cause of death: Fracture of skull - brain
Due to Fall down Cellar-steps
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide~~ Accident
(b) Date of occurrence 3/4/43 at 9:10 P M
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? [illegible]
(e) Means of injury Fell down cellar steps.

23. Signature Howard J. Headley M. D.
Address 790 Fairmount Ave Date signed 3/5/43

Huntington Williams, M.D.
For H. L. Mitchell
Howard J. Headley, M.D.

G 01830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

G 01830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 Parkdale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Seiple

3 (b) If veteran, name war: infant
3 (c) Social Security Account No.: infant

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: infant
6 (b) Name of husband or wife: infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/6/42

8. AGE: Years | Months: 8 | Days: 29 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Rodger C. Seiple
13. Birthplace Pa

MOTHER
14. Maiden Name Anna M. Arent
15. Birthplace Md.

16 (a) Informant Rodger C. Seiple
(b) Address 3512 Parkdale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Md.

18 (a) Funeral director Lehmayer & Downes
(b) Address 26 S. Howard Ave.

19 (a) MAR 5 1943 (Date received by registrar) (b) Huntington Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943, to March 5 1943, and that I last saw him alive on March 5 1943.

Immediate cause of death	Duration
1) Bronchopneumonia right upper lobe	
Due to Dehydration	
Due to Cardiac Failure & pulmonary edema	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. B. Shipley M. D.
Address University Hospital Date signed Mar 5/1943

G 01884 11193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 01831 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
B.C.Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Park Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Francis Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1859 1864

8. AGE: Years	Months	Days	If less than one day
74	?	?	hr. min.

9. Birthplace England
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Andrew Geney
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Kelly
15. Birthplace Ireland

16 (a) Informant B.C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mon 3/8/43 (month) (day) (year)
(c) Cemetery or crematory Mayr Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director Edwin W. Conkey
(b) Address 924 E. Eager St.

19 (a) (Date received by Registrar) MAR 5 1943 (b) Registrar Huntington Williams, M.D.

VS 1M

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4-43 19 , at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16-1930, to 3-4 1943, and that I last saw her alive on 3-4 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to Generalized arteriosclerosis	?
Due to	
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Cross Jr. M. D.
Address B. C. H. Date signed 3-8-43

G 01833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01833 Registered No. 45c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Oakhill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 D
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Oakhill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Lund

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha Lund

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 19 1875

8. AGE: Years 67 | Months 8 | Days 13 15 | If less than one day: hr. min.

9. Birthplace Copenhagen Denmark
(Town, county, and state)

10. Usual Occupation asst to Supt

11. Industry or business 270 Broadway Cemetery

FATHER
12. Name Carl Lund
13. Birthplace Denmark

MOTHER
14. Maiden Name Karen Nielsen
15. Birthplace Denmark

16 (a) Informant Bertha Lund
(b) Address 2910 Oakhill Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar 6 1943 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Harry E. Armacost
(b) Address 4204 Edgewood Ave
(b) for the given Indiana, Md.

MAR 5 1943 (Registrar's Number) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4 1943 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to March 4 1943 and that I last saw him alive on 3/4 1943.

Immediate cause of death: Carcinoma of mouth — Duration: 2 yrs

Due to

Due to

Other Conditions: Metastasis to neck
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. J. McGuckett M.D.
Address 4710 Liberty Hts Date signed 3/5/43

G 01833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01833
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 W. Fourth Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence H. Forrest

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Helen Forrest

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6, 1867

8. AGE: Years 76 | Months - | Days 24 | If less than one day: hr. 16 min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation OFFICE WORK

11. Industry or business

FATHER
12. Name John S. FORREST
13. Birthplace BOONSBORO, Md.

MOTHER
14. Maiden Name Emma Hewitt Cerrone
15. Birthplace Taneytown, Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Hanover, Pa.

18 (a) Funeral director Miller & Amoss
(b) Address 3005 W. Baltimore St.

19 (a) (Date) 1943 (b) Signature for Registrar

MAR 5 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943, at 1:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1943 to 3/4 1943, and that I last saw him alive on 3/4 1943

Immediate cause of death: Bronchopneumonia

Due to

Due to

Other Conditions Arteriosclerotic H.D.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 6 days; 2

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M D Gehring M. D.
Address Church Home & Infirmary Date signed 3/5/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 6

G 01834
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SYDENHAM HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State PA. (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME O'BRIEN WILLIAM

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	W

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 2-25-1890

8. AGE Years	Months	Days	If less than one day
approx 50	-	19	hr. min.

9. Birthplace Shenandoah (Town, county, and state)
10. Usual Occupation B & O Ry ? conductor
11. Industry or business

FATHER
12. Name John O'BRIEN
13. Birthplace IRELAND

MOTHER
14. Maiden Name Bridget DOYLE
15. Birthplace PITTSFIELD PA.

16 (a) Informant Hospital records {Mrs N. Ault
(b) Address FORRESTVILLE, PENNA.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-8-1943 (month) (day) (year)
(c) Cemetery or crematory ST VINCENTS No 1 CEM
Location MINERSVILLE PENNA.

18 (a) Funeral director A LEE ODER
(b) Address 4644 YORK RD BALTIMORE MD

19 (a) Filed MAR 5 1943 (b) Signature of registrar Hunting for William Mc

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1943, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1943, to Mar 4 1943, and that I last saw him alive on Mar. 4 1943.

Immediate cause of death	Duration
Heart failure	
Due to meningitis	6 days
Due to meningococcus	
Other Conditions arteriosclerotic heart disease (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret M. D. Smith M. D.
Address Sydenham Hosp Date signed Mar 5, 43

G 01835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) just arrived

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Sparrows Point Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: WARREN CLARK HALEY

3 (b) If veteran, name war: S.A.W.

3 (c) Social Security Account No. 41-112-48

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Haley

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1878

8. AGE: Years 64 | Months 3 | Days 20 | If less than one day: hr. min.

9. Birthplace Eldredge Co., Pa. (Town, county, and state)

10. Usual Occupation Pool Parlor Keeper

11. Industry or business --

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant U.S.Marine Hosp. records
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore Md.

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Rd.

MAR 5 - 1943 (Date rec'd by registrar) (b) Huntington Willis (Signature of registrar)

VS 180

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH March 5, 1943 at 3:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4, 1943 to Mar.5, 1943 and that I last saw him alive on Mar.5, 1943

Immediate cause of death: Early Broncho-pneumonia, bilateral extensive; Cellulitis rt.upper lip & about rt. angle of mouth — Duration: Unknown

Due to — 1 wk.

Due to —

Other Conditions: Arterio sclerosis generalized with moderate nephro[illegible] — Unknown

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -- at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J.C.Archer, P.A.Surgeon, USPHS M. D.
Address Marine Hosp., Balto. Date signed 3/5/43

No.12815

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 437

G 01836 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2623 Asquith st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2623 Asquith st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Louise Tragesser

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female W | 5. Color or race | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28 1858

8. AGE: Years 84 | Months 3 | Days 46 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Not known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Frank Tragesser
(b) Address 1704 Normal ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6 (month) (day) 43 (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) MAR 5 - 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943, at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to Mch 4 1943 and that I last saw her alive on Mch 3 1943

Immediate cause of death
Embolism
Due to
Cardiac Vascular disease
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
1 yr
17 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 617 N. Louisa Date signed Mch 5 43

VS 8

G 01837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

G 01837 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2429 Calverton Heights
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2429 Calverton Heights (If rural give location)
(e) Citizen of foreign country? - No - (Yes or No)
If yes, name country —

3 (a) FULL NAME Hugh Humphrey Jones Jr.

3 (b) If veteran, name war — no —

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Susan L. Jones

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feby 16 1885

8. AGE: Years 58 | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Restaurateur

11. Industry or business —

FATHER 12. Name Hugh H. Jones
13. Birthplace Maryland

MOTHER 14. Maiden Name Mary E. Linthicum
15. Birthplace Maryland

16 (a) Informant Mrs H H Jones - wife
(b) Address 2429 Calverton Heights

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4 43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Shivers Memorial
(b) Address 108 W North Ave.

MAR 5 1943 (Date rec'd by Registrar) (b) Hunting to Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 19 43, to March 4 1943, and that I last saw h alive on March 3 1943.

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to Arteriosclerosis

Due to

Other Conditions Emphysema Obesity - moderate

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. Heath, M.D.

Address 2314 - West North Ave Date signed 3/5/43

G 01838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73a

G 01838

Registered No. 281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6422 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31-7-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Malone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mount Hope Retreat
(b) Address 6422 Reisterstown Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-6-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Edward Maguire Co.
(b) Address 1011 Mosher Ave

MAR 5 - 1943
(Registrar)

(b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 11:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to Mar. 5 1943, and that I last saw her alive on Mar 5 1943.

Immediate cause of death: Pernicious Anemia — Duration: 1 year

Due to

Due to

Other Conditions Insanity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James P. Hayes M. D.
Address 336 Cathedral St. Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

G 01839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 104

G 01839
Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1323 N. Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 & 9
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 N. Eden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bennie R. Wade

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C	Married

6 (b) Name of husband or wife Gracie
6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) June 25, 1916

8. AGE: Years	Months	Days	If less than one day
26	8	9	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation Chipper
11. Industry or business Athelem - Penfield

FATHER
12. Name William H. Wade
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Ware
15. Birthplace Va

16 (a) Informant Gracie L. Wade
(b) Address 1323 N. Eden St.

17 (a) Removal (b) Date thereof 3/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Cumberland County Va.

18 (a) Funeral director Joseph B. Lockard
(b) Address 1310 N. Central Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3·1·1943 to 3·4·1943 and that I last saw h alive on 3·4·1943

Immediate cause of death	Duration
Acute Myocarditis	1 Day
Due to Lobar Pneumonia	4 Days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dow. L. Berry M. D.
Address 1920 E. Chase Date signed 3·5·43

01810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C 01810

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Harmon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Harmon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew G Eckart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, ~~or divorced~~.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 - 1877

8. AGE: Years	Months	Days	If less than one day
65	2	27	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation B+O Retired

11. Industry or business

FATHER
12. Name John Eckart
13. Birthplace Germany

MOTHER
14. Maiden Name Agatha Knoll
15. Birthplace Germany

16 (a) Informant Mrs. Jno Reptzin
(b) Address 1617 Harmon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6 - 43 (month) (day) (year)
(c) Cemetery or crematory Madow Ridge
Location Walk Blvd.

18 (a) Funeral director Edward Tomlinson
(b) Address 1359 Lexington Blvd

19 MAR 6 - 1943 (Date Rec'd by Registrar) (b) Huntington Williamsport Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3 1943 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943 to 3/3 1943. and that I last saw h[illegible] alive on 3/3 1943.

Immediate cause of death Hypostatic lung congestion
cardio vascular disease — Duration 2 hrs

Due to

Due to

Other Conditions Cerebral Hemorrhage — 2 days

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Ave Date signed 3/5/43

VS 150

01811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G 01811
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 758 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 758 E. Fort Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Barborka BARBORKA

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed or divorced~~
Female	White	Married

6 (b) Name of husband Thomas A. Barborka
6 (c) If alive, give age BARBORKA years

7. Birth date of deceased (mo., day, yr.) Nov 27th 1890

8. AGE: Years	Months	Days	If less than one day
52	3	7	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Joseph Taborska
13. Birthplace Bohemia

MOTHER
14. Maiden Name Maria V.
15. Birthplace

16 (a) Informant Mrs Elizabeth Voelkel
(b) Address 3914 Brooklyn Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) MAR 6 — 1943 Registered by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 4th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1942 to 3-4 1943, and that I last saw h[illegible] alive on 3-4 1943.

Immediate cause of death: Carcinoma of Breast — Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. C. Collod M. D.
Address 707 E. Fort Ave. Date signed 3-5-43

VS 180

G 01842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01842 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 N. Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County City Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 N. Eutaw (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline LENA Striebenrieh

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4 Sex: Female | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec. 1861

8. AGE: Years 81 | Months 3 | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Stanchman
13. Birthplace ?

MOTHER
14. Maiden Name unknown
15. Birthplace ?

16 (a) Informant Mr. Charles Ortman
(b) Address 1520 N. Bond

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul Street

19 (a) MAR 6 1943 Clinton Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943 at 11.5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1943 to March 3 1943 and that I last saw her alive on March 2 1943.

Immediate cause of death: Cerebral hemorrhage — Duration: 6 hrs (about)

Due to: Arteriosclerosis

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Lyons M.D.
Address 1700 Eutaw Pl. Date signed March 4-43 M.D.

VS 8

G 01845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 480

G 01845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Johns Sts.
(c) Hospital or institution:
Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4006 Roland Avenue
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Miriam L. Pierce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband Rodney F. Pierce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10, 1870

8. AGE: Years	Months	Days	If less than one day
73	0	25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John B. Laurens
13. Birthplace Va.

MOTHER
14. Maiden Name Maria L. Cooke
15. Birthplace Va

16 (a) Informant Mrs. L. C. Pierce (Son)
(b) Address 4006 Roland Ave

17 (a) Removal (b) Date thereof 3/6/43
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Holystood
Location Richmond Va.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

MAR 6 - 1943
(Date received by Registrar) Keeting for Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 4:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Mar 5 1943, and that I last saw h[illegible] alive on Feb 4 1943.

Immediate cause of death
Bronchopneumonia
Metastatic, bilateral.
Due to Carcinoma of cervix

Due to

Other Conditions Gleovesical fistula, due to the carcinoma
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations: —
—
of autopsy: Carcinoma of cervix

Duration
1 wk.
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carl S. Halligan
Address 1404 Park Ave. Date signed 3/5/43. M.D.

G 01814

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 61

Registered No. G 01814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. + John St.
(c) Hospital or institution: Hospital for the Women of Maryland. 14-T
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo's.

2. USUAL RESIDENCE OF DECEASED:
(a) State Vermont (b) County Chittenden
(c) City or town Burlington (If outside city or town limits, write RURAL and give town)
(d) Street No. 57 Interrale Ave., (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Odila Clare Beaupré

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/12/1875

8. AGE: Years	Months	Days	If less than one day
67	8	20	— hr. — min.

9. Birthplace Burlington, Vermont. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business —

FATHER
12. Name George Parent
13. Birthplace Canada

MOTHER
14. Maiden Name Odile Giroux
15. Birthplace Canada

16 (a) Informant Mrs. Madeline Murlatt
(b) Address 1308 N. Charles St. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Burlington, Vermont

18 (a) Funeral director Wm. Carl Jones
(b) Address 1713 St. Paul St. Balto. Md.

MAR 6 - 1943 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 7:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1943 to March 5 1943, and that I last saw her alive on March 5 1943.

Immediate cause of death: Coronary Thrombosis — Duration 10 min.

Due to Arteriosclerotic heart disease. — 3 yrs.

Due to Generalized arteriosclerosis. — ?

Other Conditions Diabetes mellitus. — 2 yrs.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Heltzen, M.D.
Address 1404 Park Ave. Date signed 3/5/43

VS 3

G 01815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01815 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Haupt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Melinda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John
13. Birthplace

MOTHER
14. Maiden Name Elizabeth Haverite
15. Birthplace

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St. Balto Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Windefeld
Address 94 Grummandan
(Date rec'd by registrar) (b) Hunting for Witness

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943 at 1 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4- 1943 to Mch 6- 1943, and that I last saw him alive on Mch 4- 1943.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall

Address 1631 E North ave Date signed 3/6/43 M. D.

01846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. C 01846

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Parr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4 1943

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward F. Parr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Helen C. Lackey
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Edward F. Parr
(b) Address 1403 Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4/43 (month) (day) (year)
(c) Cemetery or crematory Pine Grove Cemetery
Location 4300 Frederick Rd

18 (a) Funeral director Edward O. Conklin & Son
(b) Address 924 E Eager St

MAR 6 — 1943 Huntington Williams M.D. (Registrar)

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 4 1943, to Mch 5 1943, and that I last saw him alive on Mch 5 1943.

Immediate cause of death: Prematurity — Duration 12 hrs.
Due to: Maternal Toxemia of Pregnancy — Duration 45 hrs.
Due to: — Duration —
Other Conditions — Duration —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Stanton M. D.
Address Mercy Hospital Date signed 3-5-43

G 01817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01817 Registered No. 1312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.,
(c) Hospital or institution:
Edgewood Nursing Home,
(d) Length of stay in hospital or inst. ~~(if dead)~~ days) 33
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 E. Federal St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Haupt.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Male	White	Widowed

6 (b) Name of husband or wife Margaret Roche
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/20/1860

8. AGE: Years	Months	Days	If less than one day
82	3	12	14 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Shoe Designer

FATHER
12. Name J. Frank Haupt
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name ? Unknown
15. Birthplace Baltimore Md

16 (a) Informant J. Frank Haupt Jr.
(b) Address 1432 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/1943 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Harford Rd.

18 (a) Funeral director Harper & Ruth Inc
(b) Address 1725 Edmondson Avenue

19 (a) MAR 6 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4/43 19 43, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31/43 1943, to 3/4/43 19 ; and that I last saw h alive on 3/4/43 19 .

Immediate cause of death
Cardio Renal Vascular
Due to Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Wheaton M. D.
Address 4705 York Rd Date signed 3/6/43

VS 3

G 01813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 01813

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Broadway
(c) Hospital or institution: Church Home & Infirmary 3 → 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 S. High Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael J. Langan
3 (b) If veteran, name war None
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M S

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1883

8. AGE: Years	Months	Days	If less than one day
60	—	23 15	— hr. — min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Driver
11. Industry or business Lumber Wagon

MOTHER / FATHER
12. Name James Langan
13. Birthplace Baltimore
14. Maiden Name Jennie Feaney
15. Birthplace Ireland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md.

18 (a) Funeral director George M. Fenth Son
(b) Address [illegible]

19 (a) MAR 6 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/24 1943 to 3/4 1943, and that I last saw him alive on 3/4 1943.

Immediate cause of death	Duration
Uremia	3 days
Due to Arteriosclerotic H.D.	?
Cardiac Failure	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Church Home & Infirmary Date signed 4/5/43 M. D.

C 01819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

C 01819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument Stl & Rutland Ave.
(c) Hospital or institution: Sinai Hospital 13-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Linden Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS HOLLANDER

3 (b) If veteran, name war ---------
3 (c) Social Security Account No. 212-14-8345

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lulu H. Hollander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1866

8. AGE: Years	Months	Days	If less than one day
76	4	20 18	hr. min.

9. Birthplace Pottsville, Pa. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name -------- Hollander,
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown,
15. Birthplace Germany.

16 (a) Informant Mrs. Lulu Hollander
(b) Address 2408 Linden Ave.

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 3/7/43. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Funeral Home Inc
(b) Address 1902 Eutaw Place.

19 (a) [illegible] Registrar

MAR 6 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943 at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1-1943 to 3-5 1943. and that I last saw him alive on March 4 1943.

Immediate cause of death	Duration
Pulmonary Edema	4 hrs
Due to Arteriosclerotic CVD	
Due to	
Other Conditions Uremia -	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Katz M.D.
Address Sinai Hosp Date signed 3-5-43 M. D.

G 01850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G 01850

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Eutaw Place.
(c) Hospital or institution: Marlborough Apts. 14-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. 1700 Eutaw Place (Give usual location)
(e) Citizen of foreign country? Weston St, (Yes or No) If yes, name country

3 (a) FULL NAME: BIRDIE HAAS STEELE.

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fabian Steele.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 6th. 1871.

8. AGE: Years 71 | Months 9 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Jacob Haas,
13. Birthplace: Germany.

MOTHER
14. Maiden Name: Mollie Lowenstein,
15. Birthplace: Germany.

16 (a) Informant: Mr. Fabian Steele,
(b) Address: Marlborough Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/43. (month) (day) (year)
(c) Cemetery or crematory: Baltimore Hebrew
Location: Balto. Md.

18 (a) Funeral director: Harris Levinson & Co.
(b) Address: 1902 Eutaw Place.

19 (a) MAR 6 1943 (Date received by Registrar) Huntington Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th. 1943, at 2.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 25 1941. to March 5 1943. and that I last saw h er alive on March 4 1943.

Immediate cause of death: Lymphosarcomatosis — Duration: 2 yrs 2 mos

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: Diagnosis confirmed by biopsy of a cervical gland

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Louis P. Hamburger

Address 1207 Eutaw Place Date signed 3/5/43 (M. D.)

VS 8

G 01851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 N. Arlington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 47
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Arlington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMMA J. NUTTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1875

8. AGE: Years	Months	Days	If less than one day
67	3	11 14	hr. min.

9. Birthplace Princess Anne, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Evan King
13. Birthplace Md.

MOTHER
14. Maiden Name Susie Wilbert
15. Birthplace Md.

16 (a) Informant Mr Colin R. Nutter
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) MAR 6 1943 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4, '43 19 at 3:10 P

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1943 to Mar. 4 1943. and that I last saw him alive on Mar 3rd 1943.

Immediate cause of death Diabetic Coma — Duration 2 days

Due to Diabetes Mellitus — 2

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo Kunzmann M.D.
Address 401 E 20th St Date signed 3/6/43

G 01852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01852

Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 E. 24th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 E. 24th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Orpha Mayfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15 1870

8. AGE: Years	Months	Days	If less than one day
72	3	17	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Joe Lee
13. Birthplace Md

MOTHER
14. Maiden Name Bettie Lee
15. Birthplace Md

16 (a) Informant Grace Mayfield
(b) Address 410 E. 24th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 6 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. & O. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1612 E. Preston St

19 (a) [illegible] (b) [illegible]
(Date received) MAR 8 1943 Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 1943 at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1943 to Mar 2 1943, and that I last saw h[illegible] alive on Mar 2 1943.

Immediate cause of death (a) Chronic ulcerated kyphitis — Duration 2 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Johnson M. D.
Address 2029 Gaeeph St Date signed Mar 6, 43.

G 01853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 01853 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Fleet St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA TAYLOR

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	F	W	WIDOWED

6 (b) Name of husband or wife William J. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1868

8. AGE: Years	Months	Days	If less than one day
74 75	5	27	hr. min.

9. Birthplace Joplin, Missouri (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Louis Klingelhoefer
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Reichner
15. Birthplace Germany

16 (a) Informant Mrs. E. Stinchcomb
(b) Address 1510 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) MAR 6 - 1943 (Registered by Registrar) (b) Hunting to Williams M.D.

MEDICAL CERTIFICATION - 43

20. DATE OF DEATH Feb 22 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1943 to March 2 1943; and that I last saw him alive on March 1 1943.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	10 days
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Holmes M. D.
Address 102 W. Mount Date signed

VS 180

G 01854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 01854 Registered No.

The ... PRINTED WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 841 S. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-2
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 841 S. Dallas St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Antone Hovene (Hoffman)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	M	W	Widowed

6 (b) Name of husband or wife Annie Hovene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1855

8. AGE: Years	Months	Days	If less than one day
88	--	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business Copper Smith

FATHER
12. Name Unknown
13. Birthplace Holland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Eliz. Allgeier (daughter)
(b) Address 841 S. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) MAR 6- 1937 (Date rec'd by registrar) (b) Otis Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 1943, at 11:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Mar 3 1943, and that I last saw him alive on Mar 3 1943.

Immediate cause of death: Chronic myocarditis — Arteriosclerosis — Duration 4 yrs
Due to
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. D. Lipps, M. D.
Address 43 S. Patterson Park Date signed 3/4/43

G 01855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01855

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 E. 32nd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 E. 32nd St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME AUGUSTA CATHERINE HEBB

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Stephen Hebb
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1892

8. AGE: Years 50 | Months 2 | Days 16 | If less than one day 15 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick Finn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Augusta Pellicott
15. Birthplace Maryland

16 (a) Informant James S. Hebb
(b) Address 2015 E. 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 MAR 5 1943 (Filed rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1943 at 10.14 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Mar 4 1943, and that I last saw her alive on Mar 3 1943.

	Duration
Immediate cause of death: Generalized Carcinomatosis	2 mos.
Due to: Carcinoma of Sigmoid	6 mos
Due to:	
Other Conditions: (None)	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Pearce M.D.
Address 2105 N. Charles St. Date signed 3/5/43

VS 200

G 01856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G 01856

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 S. Kenwood Aye.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 S. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK SCHMIDT

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 219-07-5532

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Regina Schmidt

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) June 17, 1870

8. AGE: Years	Months	Days	If less than one day
72	9	15	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Box Factory

FATHER
12. Name Jacob Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Tamer
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. M. Ortt
(b) Address 3803 Brehms Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) [illegible] (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943, at 10:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Carcinoma of Rectum

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar Zeller, M.D.

Address 273 E. Eastern Ave. Date signed 3/6/43

Howard J. Lemmon, M.D.

C 01857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832

C 01857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 E. Hoffman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN C. BERLET

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Married

6 (b) Name of husband or wife Amelia Berlet
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) March 27, 1865

8. AGE: Years	Months	Days	If less than one day
77	11	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Cabinet maker
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Don't know
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ida Berlet
(b) Address 2003 E. Hoffman St.

17 (a) Burial (b) Date thereof 3/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 MAR 6 - 1943
(Date received by registrar) Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1943, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 5, 1942 to March 5 1943 and that I last saw him alive on March 2 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert G. Singewald, M.D.
Address 1113 E. North Ave., Date signed 3/6/43

G 01858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01858 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 S Bouldin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-10
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 S Bouldin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Blair Patterson Overton

3 (b) If veteran, name war Spanish
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Myrtle Overton
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 17-1877

8. AGE: Years 65 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Burkeville Va (Town, county, and state)
10. Usual Occupation Railroad Conductor
11. Industry or business

FATHER
12. Name John Overton
13. Birthplace Va

MOTHER
14. Maiden Name Elenor Todd
15. Birthplace Va

16 (a) Informant Myrtle Overton
(b) Address 901 S Bouldin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Catonsville Md

18 (a) Funeral director Alfred Fitzhugh Myers
(b) Address 2008 Nelson St

19 MAR 6 1943 (b) [illegible] Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th 1943. 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to Mar 5 1943. and that I last saw him alive on Mar 5 1943.

Immediate cause of death Coronary Thrombosis — Duration acute
Due to Pulmonary Congestion — 10 days
Due to Arteriosclerosis — 2yrs
Due to Chronic Nephritis — 2yrs
Other Conditions Left side hemiplegia may be Sept 1942 almost cleared

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. V. Cleft
Address 5010 Greenleaf Rd Date signed 3-5-43 M. D.

VS 2

G 01859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 01859 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 573 N East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-10
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 573 N East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harold D. Scott

3 (b) If veteran, name war World #1

3 (c) Social Security Account No. 215-10-6921

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Charlotte Scott
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 3/10/1896

8. AGE: Years	Months	Days	If less than one day
47	11	26	hr. min.

9. Birthplace Nunica Mich (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business L & B Building Co

FATHER
12. Name Sid Scott
13. Birthplace Mich

MOTHER
14. Maiden Name Dont Know
15. Birthplace Mich

16 (a) Informant Charlotte Scott
(b) Address 573 N East Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Ulman Sigmund Horn
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAR 6 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5 1943, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1943 to Mar 5 1943 and that I last saw h alive on Mar 5 1943.

Immediate cause of death
Coronary Occlusion
Due to
Due to Hypertension Heart Disease

Duration
3 yrs.

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Madden, M.D.
Address 1500 E. 53rd St Date signed 3/7/43

for O'H. McCormick
Thomas J. Madden, M.D.

M. D. H. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 01860

CERTIFICATE OF DEATH 1943 G 01860

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1231 N Potomac St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ROSA BELLE BOWEN

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	divorced

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louis N.

6. DATE OF BIRTH (month, day, year): Oct. 17, 1875

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): ... 11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: William Hinton

14. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Mrs. R. Leef

(Address): 1231 N. Potomac St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place: Prospect Hill, Towson Date: 3/8/43 19...

19. UNDERTAKER: WM. J. TICKNER & SONS

(Address): Balto., Md.

20. FILED ... 19... Huntington Williams, M.D. Registrar.

MAR 6 - 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 5 1943

22. I HEREBY CERTIFY, That I attended deceased from March 3 43 to Mar. 5 1943

I last saw her alive on Mar. 5 1943 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Mar. 1
Hypertensive Cardio - Vascular disease	1941
Other contributory causes of importance:	
Bronchial Pneumonia	Feb 19.
Embolus to right radial artery	Mar. 3

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert Goldstone M. D.

(Address) 1743 Linden Av.

OCCUPATION is very important. See instructions on back of certificate.

G 01861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Bloomingdale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Johanna Moxley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife William Moxley Sr. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1867

8. AGE: Years 75 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Limerick, Ireland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant George Moxley
(b) Address Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem. Location Baltimore Md.

18 (a) Funeral director Easton Bros.
(b) Address Ellicott City

19 (a) [illegible] (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6 1943, at 1:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/24 1943, to 3/6 1943, and that I last saw h[illegible] alive on 3/6 1943.

Immediate cause of death: Terminal Bronchial Pneumonia — Duration: 2 days
Due to: Acute Myocardial Failure — 4 days
Due to: Hyper. Tensive Cardio Vascular disease — 7
Other Conditions: Fracture Humerus, Right. — 10 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb. 24 1943 at 9 A.M.
(c) Where did injury occur? Home · 2 Bloomingdale Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? [illegible]
(Specify type of place)
(e) Means of injury Fell down

23. Signature Edward H. Kaney MD
Address Bon Secours Hosp. Date signed 3/6/43

Approved: Robert Lee Feghali M.D.
Asst. Chief Examiner

MAR 8
VS 3

G 01862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 01862

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts
(c) Hospital or institution: University Hospital 27-13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 694 Gladstone Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Presley Amberson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Cate Margaret Ruthrauff 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1858

8. AGE: Years	Months	Days	If less than one day
85	0	20	22 hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation Traffic Manager

11. Industry or business Brick Co.

FATHER
12. Name William H. Amberson
13. Birthplace Pa.

MOTHER
14. Maiden Name Roseanna Burns
15. Birthplace Pa

16 (a) Informant Mrs William Amberson
(b) Address 694 Gladstone Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 6/43 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln Location Washington D.C.

18 (a) Funeral director Harry A. Wilke
(b) Address 1101 E. Lanvale Ave

MAR 6 — (Date rec'd by registrar) (c) Walter Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943 at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1943 to Mar 4 1943 and that I last saw h(im) alive on Mar 4 1943.

Immediate cause of death Bronchial pneumonia, bilateral

Due to

Due to

Other Conditions Bronchial pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elizabeth B. Kennell M. D.
Address University Hosp. Baltimore Date signed 3/4/43

01863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

Registered No. C 01863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3139 16th St. N.W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Konstantinos Nacheapaulas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Marika Nacheapaulas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1895

8. AGE: Years	Months	Days	If less than one day
47	6	22	23 hr. min.

9. Birthplace Albania (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business Restaurant

FATHER
12. Name John Nacheapaulas
13. Birthplace Albania

MOTHER
14. Maiden Name Isaaso Pappus
15. Birthplace Albania

16 (a) Informant [illegible] Nacheapaulas, son
(b) Address 2140 16th St. NW Washington D. C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director Wm Chambers
(b) Address 1400 Chapin Dr. N.W.

19 MAR 6 - 1943 Washington, D.C.
(Date rec'd by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943, at 12 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1943 to March 6 1943, and that I last saw him alive on March 6 1943.

Immediate cause of death	Duration
Uremia - acute kidney Shut down	3 days
Due to Paralytic ileus	4 days
Due to Abscess in R+O secondary to resection of sigmoid	6 days / 10 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Feb 24, 1943
Major findings of operation: Perirectal ruptured sigmoid diverticulum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Hannison M. D.
Address Church Home + Infirmary Date signed 3-6-43

VS 3

51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. C 01864

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 N. Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Henry Fountain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 22, 1867

8. AGE: Years	Months	Days	If less than one day
75	11	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Benjamin Fountain
13. Birthplace md

MOTHER
14. Maiden Name Sarah Bennett
15. Birthplace md

16 (a) Informant Emma G. Jones
(b) Address 1829 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Edgecley Ave

19 [illegible] Huntington Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1943, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1943, to Mar 4 1943 and that I last saw him alive on Mar 3 1943

Immediate cause of death Acute Obstruction Pneumonia

Duration Since Feb 27 1943

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sue Allen
Address 121 Augusta St Date signed 3-6-43

VS 2

G 01865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01865

Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Wd. Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Hazelton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Hemlock St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Whitebread

3 (b) If veteran, name war Widower

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1876

8. AGE: Years	Months	Days	If less than one day
67	1	23	hr. min.

9. Birthplace Upperlehigh Pa.
(Town, county, and state)

10. Usual Occupation Retired Machinist

11. Industry or business

FATHER
12. Name David Whitebread
13. Birthplace Unknown

MOTHER
14. Maiden Name Lucinda
15. Birthplace Unknown

16 (a) Informant Pearl Whitebread
(b) Address 215 E. Hemlock Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Bachman Bros.
(b) Address Hazelton, Penna.

19 (a) MAR 6 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1943, at 2.35 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Herbein M.D.
Medical Examiner.

Date signed 3-6-43

V8 6

G 01866 Schneydter ✓ G 01866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 E. Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? U. S. A. years

3 (a) FULL NAME Elizabeth Schneydter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife George Schneydter

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 10-7-1864

8. AGE: Years 78 Months 5 Days [illegible] If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Alois Deuth

13. Birthplace Germany

14. Maiden Name Rea Huff

15. Birthplace Baltimore Unknown

16 (a) Informant George Schneydter

(b) Address 3126 E. Monument St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3 8 43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Frederick Road

18 (a) Funeral director Frederick D. Mullen Sons

(b) Address 3019 E. Monument St

19 MAR 6 - 1943 Huntington Williams (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5/43 19 , at 6 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25/43 19 to 3/5/43 19 , and that I last saw h[illegible] alive on 3/6/43 19 .

Immediate cause of death

Cerebral Arterio-Sclerosis

Due to

Due to

Other Conditions Generalized Arterio Sclerosis Hypertensive C. V. D. disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis E. Boardman Jr. M. D.

Address Franklin Sq. Hosp. Date signed

VS 3

G 01867

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01867
Registered No.

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 S. Streeper St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 S. Streeper St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Anna McMullen

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John A. McMullen
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1904

8. AGE: Years 38 | Months 6 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name John L. Weltz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Kratz
15. Birthplace Baltimore

16 (a) Informant John Andrew McMullen
(b) Address 510 S. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern ave.

18 (a) Funeral director S. Walter Mary
(b) Address 619 N. Bouldin St

19 (a) MAR 6 - 1943 (Date received by registrar) (b) Registrar's signature Hunting for Williamsburg, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1943. to March 5 1943. and that I last saw her alive on March 4 1943.

Immediate cause of death: Coronary Embolus — Duration: 1 day

Due to: Annular Fibrillation — Duration: 3 weeks

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E. Madison St. Date signed 3/6/43 M.D.

G 01858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6

G 01858
Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. Streeper St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond James Quinn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-35

8. AGE: Years	Months	Days	If less than one day
7	3	15	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name R. J. Quinn
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Monica Robertson
15. Birthplace Baltimore Md.

16 (a) Informant Recarda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Baltimore St

19 (a) (b) Registrar
(Signature of registrar)

Transcription for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 6 1943 at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 6 1943 to Mar. 6 1943, and that I last saw him alive on Mar. 6 1943.

Immediate cause of death	Duration
Meningococcus Meningitis	
Due to following	
Due to Meningococcemia	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address J. H. H. Date signed 3/6/43

G 01869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 01869 45 f Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Over night
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -
(c) City or town 3309 Glenmore Ave., Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Glenmore
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE ROBERT MEEKINS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WORLD'S WAR	715-01-1646	Male	White	Married

6 (b) Name of ~~husband~~ wife Viola I. Meekins
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 28, 1894

8. AGE: Years	Months	Days	If less than one day
48	7	7	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Randall K Co.

FATHER
12. Name Hyland B. Meekins
13. Birthplace ~~Md.~~ Kent County Md

MOTHER
14. Maiden Name Annie E. Shipley
15. Birthplace ~~Md.~~ Baltimore Md

16 (a) Informant Hospital record (Marine)
(b) Address 31st & Wyman Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Taylor Ave

18 (a) Funeral director Pott & B. M. Walker
(b) Address Preston & Stricker Sts

MAR 6 - 1943
(Date rec'd by registrar)

(b) Burial to Williamsport

VS 189

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH March 5, 1943 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4, 1943 to Mar. 5, 1943 and that I last saw him alive on March 5, 1943

Immediate cause of death
Exsanguination due to ~~repeated~~ acute hemorrhages from ulcerated ~~area~~ area to the left of the epiglottis
~~Cause~~ Cause to be determined by microscopic examination

Duration 12 hrs.

Other Conditions (none)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Arthur M. D.
Address Us Marine Hospital Baltimore, Maryland. Date signed 3/5/43

G 01870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01870 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U. S. Marine Hospital 31st and Wyman Park Drive
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21da
(e) Length of stay in Baltimore (yrs., mos., or days) 21 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County Westmoreland
(c) City or town Colonial Beach, Va. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elwood Smith WILLIAMS

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: Wh.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edna Marie Williams

6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.) 4/15/16

8. AGE: Years 46 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace Tangier Va. Accomac Co. (Town, county, and state)

10. Usual Occupation Marine Engineer

11. Industry or business Seaman

FATHER
12. Name Peter G. Williams
13. Birthplace Gloucester, Va.

MOTHER
14. Maiden Name Rosalee Chambers
15. Birthplace Tangier, Va.

16 (a) Informant Records, Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 10 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Grove
Location Va

18 (a) Funeral director A Lee Elder
(b) Address 4644 York Rd

19 (a) MAR 9 1943 (Date received by registrar) (b) Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1943, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1943 to March 7 1943, and that I last saw h im alive on Mar. 7 1943.

Immediate cause of death	Duration
Bronchopneumonia	5 da
Due to unknown cause	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert H. Brudenbaugh, M.D.
U. S. Marine Hospital, Baltimore, Md.
Address Date signed

44314

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

G 01871 Registered No.

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N. Calvert St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Henry Pratt James

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Minnie Gary
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) June 17, 1867

8. AGE: Years	Months	Days	If less than one day
95	8	17	hr. min.

9. Birthplace Baltimore City, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry James
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Louise Hyde
15. Birthplace Md.

16 (a) Informant Wife
(b) Address 1303 N Calvert St, Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Henry Jenkins Sons
(b) Address McCulloh & Orchard Sts

MAR 6 – 1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943, at 8:01 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11- 1943, to 3-6 1943, and that I last saw him alive on 3-6 1943.

	Duration
Immediate cause of death: Cardio-respiratory failure	2 weeks
Due to: Probably ll rheumatic heart disease & arteriosclerosis	23+ years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: Detailed physical findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin Leslie M. D.
Address Union Memorial Hosp Date signed 3-6-43

VS 180

G 01872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 B

G 01872 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2322 Stockton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

154

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 Stockton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Louis Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-6835

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Clara Hicks
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) July 3rd 1891

8. AGE: Years	Months	Days	If less than one day
51	8	1	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Abraham Hicks
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Mary Giles
15. Birthplace Harford Co. Md.

16 (a) Informant Mary Hicks
(b) Address 3948 Sinclair Lane Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus cem
Location Balto Md

18 (a) Funeral director Belsom Francis H. Knight
(b) Address 721 Aliquippa St

MAR 6 - 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1943 to Mar 4, 1943 and that I last saw h[illegible] alive on Mar 1 1943.

	Duration
Immediate cause of death: Cardiac Insufficiency	1 wk
Due to: Chronic Bronchitis	
Due to: Bronchiectasis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas Shappard M.D.
Address 1631 N Bradford Date signed 3/4/43

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ENTRIES MUST BE MADE WITH UNFADING INK. Every item of information should be given as fully as possible. The

G 01873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 Lancaster St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 Lancaster St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter A. Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-3711

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Annamae Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24-1908

8. AGE: Years	Months	Days	If less than one day
34	3	10	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Lord Balto. Laundry

FATHER
12. Name Walter Robinson
13. Birthplace England

MOTHER
14. Maiden Name Johanna Donnell
15. Birthplace Germany

16 (a) Informant Annamae Robinson
(b) Address 1732 Lancaster St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8/43 (month) (day) (year)
(c) Cemetery or crematory Balto. Lorn
Location North Ave + Gay Sts

18 (a) Funeral director John F. Miller
(b) Address 2334 Jefferson St.

19 (a) 3/5/1943 (Date received by registrar) (b) Hunter to Williams, M.D. Registrar

BARB 10-43

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26, 1943, to March 3 1943, and that I last saw him alive on March 3, 1943.

Immediate cause of death: Lobar Pneumonia — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Carson jnr M. D.

Address 514 Drury Lane Date signed 3/5/43

G 01874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

G 01874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 N. Exeter St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Feldman

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-7852

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widow

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Sherman Hall Rd

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5 1943, at 3.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1943 to 3/5 1943, and that I last saw h~~e~~alive on 3/5 1943

Immediate cause of death Respiratory paralysis — Duration

Due to anesthesia

Due to

Other Conditions Benign prostatic hypertrophy
(Including pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morton L. Hamburger M.D.

Address Sinai Hosp Date signed 3/6/43

VS 3

Dr Whitehouse
1720 Eutaw Pl
Saf 1129 G 01875

2110 Garrison Blvd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

Registered No. G 01875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 Callow ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Callow ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) 55 years

3 (a) FULL NAME Hetta Katzner

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Paibish
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Unknown
13. Birthplace R

MOTHER
14. Maiden Name Unknown
15. Birthplace R

16 (a) Informant Fred Katzner
(b) Address People Garden

17 (a) Burial (b) Date thereof 3-7-43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Hebrew Friendship
Location Pikesville Md
(a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St
(By) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1943, at 1165 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936, to March 6 1943, and that I last saw H. K. alive on March 6 1943.

Immediate cause of death	Duration
coronary occlusion	Several days
Due to arterio-sclerosis	Long time
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis Whitehouse M. D.
Address 1720 Eutaw Pl. Date signed

VS 1

G 01876 ✓ G 01876

BALTIMORE CITY HEALTH DEPARTMENT

T.N 79705 **CERTIFICATE OF DEATH** 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 200 E. Montgomery St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Densmore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb, 14, 1871

8. AGE: Years	Months	Days	If less than one day
71	11	21	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Isaac Densmore
13. Birthplace New York

MOTHER
14. Maiden Name Mary Boire
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8 1943 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore County
18 (a) Funeral director John M Weber
(b) Address

19 (a) MAR 1943 (Date received by registrar) (b) Huntington Williamsville, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2 1943, at 2 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1943, to 3-2 1943, and that I last saw h alive on 3-2 1943.

Immediate cause of death: Cardiac failure — Duration ?
Due to Hypertensive C.V. disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-3-43

VS 150

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G 0187 ✓ G 0187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina Ave
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 135 Denham ST.
(If rural give location)
(e) Citizen of foreign country? I (Yes or No)
If yes, name country

3 (a) FULL NAME MAJEWSKA Mrs BERTHA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
F	W	married	Teofil Majewski	years

7. Birth date of deceased (mo., day, yr.) 10-7-92

8. AGE: Years	Months	Days	If less than one day
51	4	28	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Ostrowski
13. Birthplace Poland

MOTHER
14. Maiden Name Frances
15. Birthplace Poland

16 (a) Informant Mrs Laura Lewandowski
(b) Address 417 Griffith Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Wilber
(b) Address 404 S. Chester Street

MAR 7 1943 (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5 1943, at 4 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1943 to 3-5 1943, and that I last saw h~~er~~ alive on 3-4 1943.

Immediate cause of death
Surgical shock following Amputation of Rt. Leg — Gangrene of Rt. Foot
Due to
Due to Diabetes mellitus

Duration
Gangrene 1 week
8 months

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3-3-43
Major findings of operation Diabetic Gangrene, Rt. Foot.
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature, Emil A. Hillinger M.D.
Address St. Joseph's Hosp. Date signed 3-8-43
Baltimore, Md.

G 01878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 01878 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 N. Collington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Tuckey

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Harry M Tuckey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11. 1877

8. AGE: Years	Months	Days	If less than one day
66.	1	24	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Werner
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Harry M Tuckey
(b) Address 1519 N Collington Ave

17 (a) Burial (b) Date thereof 3 8 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 W 36 St

19 (a) 3-7-1943 (b) Arlington Williams M.D.
(Date rec'd by registrar) Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 4 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or inquiry) thereon and from the evidence obtained by said (Autopsy or inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death cerebral Hemorrhage, apoplexy
Due to Hypertension Cardio Vascular Renal disease
Due to
Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 5 1943.

G 01879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 239 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 14
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 239 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Chase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Allen ChapmanChase

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1857

8. AGE: Years 85 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Samuel J. Pentz
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Spphia Grosh
15. Birthplace Ky.

16 (a) Informant Mrs. Eleanor C. Horn
(b) Address 239 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemy.
Location Balto. Md.

18 (a) Funeral director Chas. O. Stockbridge Sons Inc
(b) Address 1900 Eutaw Place

MAR 7 - 1943 (Date rec'd by Registrar) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to 3/4 1943, and that I last saw her alive on 3/3 1943.

Immediate cause of death: Myocarditis Arterio Sclerosis — Duration: Gradual

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Boadey

Address 1403 Park Ave. Date signed 3/6/43

VS 186

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

430469
G 01880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01880
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County
(c) City or town Cleveland
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route # 2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ray Weaver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-22-25

8. AGE: Years 17 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Ala (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name John Henry Weaver

13. Birthplace Tenn

MOTHER 14. Maiden Name Essie Stone

15. Birthplace Tenn

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9/43 (month) (day) (year)

(c) Cemetery or crematory Cleveland, Tenn.

Location

18 (a) Funeral director John D. Mitchell Funeral Home

(b) Address 1909 Eastview Place, Chattanooga, Tenn.

19 (a) MAR 7 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943 at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to Mar 6 1943, and that I last saw him alive on Mar 6 1943.

Immediate cause of death Aplastic Anemia — Duration

Due to

Due to

Other Conditions Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Enrique J. Bravo Fernandez M.D.

Address Johns Hopkins Hosp. Date signed 3-8-43

VS 180

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

G 01891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 01891 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. PRINT NAME, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4019 Ridgewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4019 Ridgewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ellen McKenna

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband Michael McKenna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1861

8. AGE: Years	Months	Days	If less than one day
81	7	4	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Edward Curley
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Ellen Kerr
15. Birthplace Pa

16 (a) Informant Ignatius E. McKenna
(b) Address 4019 Ridgewood Ave

17 (a) Burial (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 347 St. Paul St

MAR 7 - 1943 (Date rec'd by registrar) (Huntington Williams, M.D.)

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5th 1943 at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1941 to 3-5 1943 and that I last saw h alive on 3-5 1943

Immediate cause of death: Coronary Thrombosis — Duration 2 Hours

Due to Arteriosclerotic Heart disease

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Louis F. Blum M.D.
Address 3431 Park Heights Ave Date signed 3/6/43

G 01832 ✓ G 01832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2528 E. Hoffman St
(c) Hospital or institution: 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 E. Hoffman st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ James Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17th 1869

8. AGE: Years	Months	Days	If less than one day
73	4	19	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Lillian Barranco
(b) Address 2528 E. Hoffman St

17 (a) Burial (b) Date thereof 3/9/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ St. Peters
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul st.

19 (a) 1943 (b) Filed (c) Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/43 19 to 3/6/43 19, and that I last saw h~~e~~r alive on 3/1/43 19.

Immediate cause of death	Duration
Coronary Occlusion	5 days
Due to	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mart Barranco

Address 1501 N. Milton Ave Date signed 3/6/43

G 01833 ✓ G 01883

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH 47c

Print clearly in ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Streets
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2733 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Louis Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-0915

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Manda Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1874

8. AGE: Years	Months	Days	If less than one day
68	10	30	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name George Thomas Mitchell
13. Birthplace Maryland

MOTHER
14. Maiden Name Mathilda Crook
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address Union Memorial Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) Date received by registrar Mar 10 1943 (b) Registrar's signature Hettie Lee Williams Asst.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943 at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1943 to Mar 6 1943, and that I last saw him alive on Mar. 6 1943.

Immediate cause of death	Duration
Carcinoma rectum Ca. Tag failure	
Due to Shock of operation	
Due to	
Other Conditions Bronchopneumonia Carcinoma (Include pregnancy within 3 months of death)	7

Date of operation March 6, 1943
Major findings of operation Bronchopneumonia Carcinoma with invasion of adjacent tissues
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank H. Ritchie Jr. M. D.
Address Union Memorial Hospital

3/6/43

G 01834 ✓ G 01834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Old York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 3
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Old York Rd
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Annie C. Solloway

3 (b) If veteran, name war ~~~~ | 3 (c) Social Security Account No. ~~~~

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Theodore F. Solloway

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 1st 1873

8. AGE: Years 69 | Months 9 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Queen Annes Co, Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Thomas Meredith
13. Birthplace Queen Annes Co. Md

MOTHER
14. Maiden Name Hester Ann Weaver
15. Birthplace Queen Annes Co Md.

16 (a) Informant Nettie C. Solloway
(b) Address 3604 Old York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

MAR 7 — 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6th 1943. 3:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Feb 5th 1943, and that I last saw h alive on Feb 5th 1943.

Immediate cause of death Myocarditis — Duration 1 year

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature O L Long M. D.
Address 418 Fontaine Date signed 3/8/43

VS 180

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01885
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway.
(c) Hospital or institution:
Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 days

USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havredegrace.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? Not (Yes or No)
If yes, name country No

3 (a) FULL NAME Mr Albert A Carlile

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Mrs Jennie Carlile
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1874

8. AGE: Years	Months	Days	If less than one day
68 49 yrs	11 mos	23 22	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Carpenter Helper.
11. Industry or business Construction

FATHER
12. Name Daniel Carlile
13. Birthplace Ireland.

MOTHER
14. Maiden Name Jennie Mulenbrock
15. Birthplace Michigan

16 (a) Informant Church Home + Hospital
(b) Address Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 9 1943 (month) (day) (year)
(c) Cemetery or crematory Rock Run
Location Harford Co Md.

18 (a) Funeral director H. S. Bailey
(b) Address Darlington, Md.

MAR 7 - 1943
(Date rec'd by registrar)
(Signature) Ethel V. Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1943, at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1943 to March 6 1943, and that I last saw him alive on March 6 1943.

Immediate cause of death: Ruptured aortic aneurism — Duration: 4 days.
Due to Aortic aneurism — 1½ yrs
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3/3/43 3/6/43.
Major findings of operation: Aneurism of thoracic and abdominal aorta
of autopsy: Aortic aneurism, ruptured

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr David Buchanan M. D.
Address Church Home + Aisquith Date signed 3/7/43

VS 3

G 01886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 01886

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument st & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Eutaw Pl. & Wilson St. (If apartment)
MARBOROUGH
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel C. Stein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1903

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Prop.

11. Industry or business Mens Furnishings

FATHER
12. Name Louis Stein
13. Birthplace Russia

MOTHER
14. Maiden Name Angle
15. Birthplace Russia.

16 (a) Informant Abraham Stein
(b) Address Cylbrown Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 19-8-43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run
Location Sinai Lane & Philadelphia Rd.

18 (a) Funeral director Joseph Levin Inc
(b) Address 1439 E. Baltimore St.

MAR 7 - 1943 Huntington Williams, M.D.
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1943 to 3/6 1943, and that I last saw h[illegible] alive on — 19—.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Malignant Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed. Goldstein M. D.
Address Sinai Hospital Date signed 3/6/43

VS 3

G 01887 ✓ G 01887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. 15543

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4027 PK. Hgts. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4027 PK. Hgts. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Gottlieb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry Gottlieb
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 12-98

8. AGE: Years 45 | Months 0 | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Abe Finsilver
13. Birthplace Poland

MOTHER
14. Maiden Name Lybis
15. Birthplace Poland

16 (a) Informant Harry Gottlieb
(b) Address 4027 PK. Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friedall
Location Franklyn Ave. & Phila. Rd.

18 (a) Funeral director Geo Revis Inc
(b) Address 1439 E. Balto. St

19 (a) (Signature of registrar) (b) Huntington Williams M.D. Registrar

MAR 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 6.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6-1943 to 3-7-1943 and that I last saw her alive on 3-6 1943.

Immediate cause of death: Coronary Thrombosis — Duration 18 hrs
Due to:
Due to: Coronary Atherosclerosis — Duration unknown
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James S Akehurst M.D.
Address 4027 Park Hgts Ave Date signed 3-7-43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINTED IN ENGLISH, WITH UNFADING INK.

G 01888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01888 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1834 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 W. Fayette St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank J. Feeley

3 (b) If veteran, name war W. W. #1

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella E. Shanahan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 15th, 1889

8. AGE: Years	Months	Days	If less than one day
56	0	18	20 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Balto City Bureau of Vital Statistics

FATHER
12. Name Patrick F. Feeley
13. Birthplace Ireland.

MOTHER
14. Maiden Name Bridget Moran
15. Birthplace Ireland.

16 (a) Informant Mrs Ella E. Feeley
(b) Address 1834 W Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd.

18 (a) Funeral director John J. Keough & Son
(b) Address 701 Hopkins St.

MAR 7 1943 (Date received by registrar) (b) Huntingtown Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th 1943, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1/1942 to 3/5/1943, and that I last saw h.i.m. alive on 3/5 1943.

Immediate cause of death Coronary Thrombosis — Duration 10 Minutes
Due to Coronary Occlusion
Due to
Other Conditions Acute Bronchitis 2 weeks

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Shanahan M. D.
Address 1945 W Balto St Date signed 3/6/43

VS 3

G 01889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01889 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W Coldspring Lane
(c) Hospital or institution: Coldspring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 E Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander A. Sanner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 1869

8. AGE: Years 74 | Months — | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Sanner
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary
15. Birthplace Maryland

16 (a) Informant Lenery E Sanner
(b) Address 1324 E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director William H Mareck
(b) Address 715 Light St

19 (a) 3 — 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

AR

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1943, to March 4 1943, and that I last saw h[illegible] alive on March 2 1943.

Immediate cause of death: Chronic myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Patterson M. D.
Address 7324 Reisterstown Rd Date signed 3/8/43

NOTE—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01890

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 01890
Registered No.

CERTIFICATE OF DEATH 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3530 6th or Brooklyn
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Lowman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1895

8. AGE: Years	Months	Days	If less than one day
47	4	18	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Rev Snyder
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah E. Cook
15. Birthplace W. Va

16 (a) Informant Lamont L Lowman
(b) Address 3530 6th St Brooklyn

17 (a) Burial (b) Date thereof 3/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marack
(b) Address 715 Light St

MAR 7 - 1943
(Signature of registrar) (b) Date received by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4th 1943, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28/ 1943 to 3/4/ 1943 and that I last saw her alive on 3/4/ 1943.

Immediate cause of death	Duration
Virus pneumonia	5 days
Due to	
Due to	
Other Conditions Hypertensive cardio vascular disease	1½ yr.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Deitel M. D.
Address 1226 Hanover St. Date signed 3/5/43

VS 8

C 01891 X ✓ C 01891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. Monticello (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No) If yes, name country —

3 (a) FULL NAME Mrs ETHEL N. DAVIS (ETHEL NOSSEAR DAVIS)

3 (b) If veteran, name war — No
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alfred H. Davis
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) JAN-2-1880

8. AGE: Years 63 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Lutherville-Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Jas. S. Nossear
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clara V. Ridley
15. Birthplace Balto Md

16 (a) Informant Mr Alfred H. Davis (Husband)
(b) Address Lutherville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cemetery
Location Towson

18 (a) Funeral director Edward McManus & Co.
(b) Address 108 W. Monument St.

19 (Date rec'd by registrar) MAR 8 - 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 3 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1943 to 3/7 1943, and that I last saw h[er] alive on 3/7 1943.

Immediate cause of death: Pulmonary Edema & Congestion
Myocardial failure
Due to: Chronic Rheumatic Cardiac Vascular disease
Due to: acute Hemorrhagic Cystitis; Bilat Hydro Ureter; Bilat Pyelonephritis
Other Conditions (Include pregnancy within 3 months of death)

Duration: 9 days

Date of operation 3/5/43
Major findings of operation: Pyelonephritis
of autopsy: Serous

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kang M.D.
Address Bon Secours Hosp. Date signed 3/7/43 M. D.

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 N. Mount Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 N. Mount Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma F. Hallman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James A. Hallman

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) March 2, 1887

8. AGE: Years 55 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Sandy Springs, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John F. Cole

13. Birthplace Md

MOTHER 14. Maiden Name Jessie Ann Budd

15. Birthplace Md

16 (a) Informant James A. Hallman

(b) Address 1810 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10-43 (month) (day) (year)

(c) Cemetery or crematory Emmanuel

Location Md

18 (a) Funeral director Samuel H. Chase & Son

(b) Address 638 N. Gilmor St

MAR 8 - 1943 (Date rec'd by registrar)

(c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1943, at 2:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Attorney or Inquiry) thereon and from the evidence obtained by an Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Carcinoma of Cervix

Due to

Due to

Other Conditions Pulmonary Embolism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mallonee M.D. Medical Examiner.

Date signed 3-7-43

VS 4

43852

G 1893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

Registered No. G 1893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 N. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ann Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-31-31

8. AGE: Years	Months	Days	If less than one day
11	11	7	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Robert Scott
13. Birthplace Va.

MOTHER
14. Maiden Name Lavinia Fletcher
15. Birthplace Md.

16 (a) Informant Lavinia Scott
(b) Address 912 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director Mrs. Eva M. Hall
(b) Address 1691 Druid Hill Ave.

MAR 8 - 1943 (Date rec'd by registrar) (b) Huntingtor Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943 at 7:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to Mar 5 1943 and that I last saw her alive on May 5 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to Rheumatic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert John Sheldon M.D.
Address Johns Hopkins Hosp Date signed 3/5/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 194

G 01894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 01894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 Appleton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Appleton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara C. Schneider

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Peter Schneider

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1869

8. AGE: Years 73 | Months 6 | Days 8 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name William Barbour
13. Birthplace Unknown

MOTHER
14. Maiden Name Sarah Winkle
15. Birthplace Unknown

16 (a) Informant Peter Schneider
(b) Address 605 Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. County

18 (a) Funeral director Frederick G. Ille
(b) Address 1300 W. Lombard St.

MAR 8 - 1943
(Date rec'd by registrar) Interring for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th 1943, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. - 1943 to Mar 5th 1943, and that I last saw h[illegible] alive on Mar 5 1943.

Immediate cause of death: Chronic hypertension cardiovascular disease — Duration: 7

Due to

Due to

Other Conditions: Senile Intestinal obstruction Jan 8 1943. Massive unrelieved hernia
(Include pregnancy within 3 months of death)

Date of operation 1923 -

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wade E. Crampler.
Address 1013 Poplar Grove. Date signed 3/6/43

VS 160

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JL - 20937 G 01895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 01895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1 22
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted] 1605 S. Portugal St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
John Wladkowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 31, 1882

8. AGE: Years 60 | Months 11 | Days 6 5 | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Walter
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Co.

18 (a) Funeral director Williams Gladkowski
(b) Address 1618 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6 1943 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16 1943 to 3/6 1943, and that I last saw h[redacted] alive on 3/5 1943.

Immediate cause of death: Cardiac failure — Duration: 6 Mo.

Due to: Arteriosclerotic Cardio-vascular Disease — ?

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Goodman
Address Balto. City Hosp. Date signed 3/11/43

Huntington Williams, M.D.

MAR 8 - 1943

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01896 / 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 W. Monument St. (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No) If yes, name country ------

3 (a) FULL NAME Mr Edmond W. Doolittle

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-3619

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 21, 1871

8. AGE: Years	Months	Days	If less than one day
71	10	15	--hr. ---min.

9. Birthplace Connecticut (Town, county, and state)
10. Usual Occupation Manager - Stationery
11. Industry or business Armiger & Company

FATHER
12. Name William Henry
13. Birthplace Connecticut

MOTHER
14. Maiden Name Ruth Ann Warren
15. Birthplace Connecticut

16 (a) Informant George dward Doolittle
(b) Address 625 A St. N. E. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory Cheshire
Location Connecticut

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) MAR 8 1943 (Registrar) (b) Huntington, Williamsport, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6 1943, at 2 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1943 to 3/6 1943 and that I last saw h[illegible] alive on 3/6 1943.

Immediate cause of death	Duration
Lobar Pneumonia (Pneumococcic Type?)	22 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Kaey M.D.
Address Bon Secours Hosp Date signed 3/6/43

C 01897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15

C 01897 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2942 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond N. Shuler.

3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-8269

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Catherine J. Shuler
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1901

8. AGE: Years	Months	Days	If less than one day
42	-	28	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Freight Conductor
11. Industry or business Penna R. R.

FATHER
12. Name Charles E. Shuler
13. Birthplace md

MOTHER
14. Maiden Name Mary E. Cooper
15. Birthplace Md

16 (a) Informant Catherine J. Shuler
(b) Address 2942 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Kenwood & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) MAR 8 — 1943 (Date received by Registrar) Hunting to Williams Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . . to 19 . , and that I last saw h alive on 19 .

Immediate cause of death: Tuberculous pericarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis E. Boardman Jr. M. D.
Address Franklin Sq Hosp. Date signed

VS 3

G 01893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 01893

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Prestman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Ms

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Prestman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Bernard Young Jr.

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8 1942

8. AGE: Years	Months	Days	If less than one day
	6	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Lee Bernard Young
13. Birthplace unknown

MOTHER
14. Maiden Name Irene Toyer
15. Birthplace Baltimore Md

16 (a) Informant Beatrice Toyer
(b) Address 1513 Prestman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-43 (month) (day) (year)
(c) Cemetery or crematory Mt Peters am
Location Balto City

18 (a) Funeral director George S. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) MAR 8 - (b) 1943 (Date rec'd by registrar) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1943, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 — 1943, to 3-7 1943, and that I last saw him alive on 3-6-1943.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Bronchitis + Apnoea	3 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 029 N. Strieker St Date signed 3-7-43

VS 8

G 01393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G 01393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1357 N. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAMIE BALL

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	married

6 (b) Name of husband or wife Gerry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/19/1887

8. AGE: Years	Months	Days	If less than one day
56	-	25	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Tillet Richards
13. Birthplace Va

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Julia Gingery
(b) Address 1317 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. A. Kelson
(b) Address 1330 Broadway

19 (a) MAR 8 - 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943 at 10:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of abdomen	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence March 4, at 9:30 PM
(c) Where did injury occur? Almora Alabama
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work?
(Specify type of place)
(e) Means of injury Revolver & altercation

23. Signature H. L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 3-5-43

VS 6

G 01900 BALTIMORE CITY HEALTH DEPARTMENT G 01900
CERTIFICATE OF DEATH 1937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Myrtle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 Myrtle St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hoark

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Frank Hoark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1863

8. AGE: Years 79 | Months 2 | Days 9 11 | If less than one day hr. min.

9. Birthplace Austria Hungary (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Frank Bartick
13. Birthplace Austria Hungary

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Frank Hoark
(b) Address 2224 Myrtle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8/43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Balto Md

18 (a) Funeral director Frank Brack & Son
(b) Address 900 N. Chester St

19 (a) MAR 8 – 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Febr 15 1943 to March 5 1943 and that I last saw her alive on March 4 1943

Immediate cause of death Coronary Thrombosis — During 3 Weeks
Due to Arteriosclerotic cardio vascular Lesion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl Grossman M.D.
Address 212 N Patterson Pk Ave Date signed 3/8/43

VS 1

G 01301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a G 01301 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 E. Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN VICTOR RYBAK

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-07-7723

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Not Known

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: Joseph Rybak
13. Birthplace: Austria

MOTHER
14. Maiden Name: Mary Eharvat
15. Birthplace: Austria

16 (a) Informant: Charles Rybak
(b) Address: 190 Leslie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto Md

18 (a) Funeral director: Frank Proctor Sons
(b) Address: 900 E. Oliver St

19 (a) MAR 8 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943 at 7P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to:

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 3-4-43

VS 6

C 01902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 10

C 01902 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 S. Luzerne ave
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 S Luzerne ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Cymbor

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name John Cymbor
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mary Cymbor
(b) Address 815 S Luzerne ave

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 3-9-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Fernwood Hill Rd.

18 (a) Funeral director John Pudd
(b) Address 829 Hudson St

19 (a) MAR 8 - 1943 (Date received by registrar)

Registrar, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/43 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 19 43 to Mar 6 - 1943 and that I last saw him alive on 3/5/43.

	Duration
Immediate cause of death: Myocardial degeneration	6 mo.
Due to: Nephritis.	2 yrs.
Due to: Arteriosclerosis	3 yrs.
Other Conditions: none	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. T. Hampson M. D.
Address 1710 E 33 St Date signed 3/8/43

VS 188

G 01903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 01903
Registered No.

Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3020 Arunah Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Arunah Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLINE VIRGINIA O'NEILL

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife William J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1874

8. AGE: Years	Months	Days	If less than one day
68	8	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Oest
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Thomas
15. Birthplace York, Pa.

16 (a) Informant Mr. William J. O'Neill
(b) Address 3020 Arunah Ave.

17 (a) Burial (b) Date thereof 3/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAR 8 - 1943 Registered by William J. O'Neill

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1943, to March 5 1943, and that I last saw her alive on March 4, 1943

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Myocarditis	5 years
Due to Generalized Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George A Kupp M.D.
Address 3030 Edmondson Ave. Date signed 3/6/43

G 01901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 01904
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Westwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2914 Westwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George C. Phillips

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jennie B.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1880

8. AGE: Years: 62 Months: 2 Days: 23 If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Potter (retired)

11. Industry or business

FATHER
12. Name: George Cornelius Phillips
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Mrs. Jennie Phillips
(b) Address: 2914 Westwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Baltimore, Md.

19 (a) MAR 8 — 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943, at 8 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 6 1943

VS 4

G 01905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63B

G 01905 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 745 Bartlett Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. ANNE BERTHA MAYER (Annie B. Mayer)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: widow

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	W	

6 (b) Name of husband or wife: Anton B. Mayer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/16/1891

8. AGE: Years	Months	Days	If less than one day
52	1	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business none

FATHER
12. Name Philip Francis McGuigan
13. Birthplace Maryland (Baltimore)

MOTHER
14. Maiden Name Margaret C. McManus
15. Birthplace Maryland (McMaines)

16 (a) Informant Mrs. Philip C. McGuigan
(b) Address Bradford apts. city

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 8 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1943, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1943 to March 5th 1943, and that I last saw h.e. alive on March 5 1943.

Immediate cause of death: Cardio - Resp. failure — Duration: 3 hrs ?
Due to: Post operative hemorrhage into Anterior mediastinum
Due to:
Other Conditions: Hypertension & Auricular fibrillation — 8 years !
(Include pregnancy within 3 months of death)
Date of operation March 5th, 1943
Major findings of operation: Adenoma of thyroid gland - Hemorrhage into Ant. mediastinum
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin Kidd M. D.
Address Union Memorial Hosp. Date signed 3-6-43

VS 180

G 01903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477 G 01903

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3712 Chatham Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3712 Chatham Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES EDWARD UTERMOHLE, SR.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lillie Edna Utermohl
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Nov. 6, 1883
8. AGE: Years 59 | Months 4 | Days 0 | If less than one day hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Accountant
11. Industry or business: Fed. Works Administration

FATHER
12. Name: George L. Utermohle
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Catherine Rickey
15. Birthplace: Baltimore

16 (a) Informant: Mr. Charles E. Utermohle, Jr.
(b) Address: 4501 Liberty Heights Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cem.
Location: Woodlawn, Md.
18 (a) Funeral director: Wm. J. TICKNER & SONS
Address: Baltimore, Md.
19 (a) MAR 8 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 19 43, at M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1943 to 3-6 1943 and that I last saw h[illegible] alive on 3-5 1943.

Immediate cause of death: Carcinoma, left lung.
Duration: 3 mos.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edward H. Warren M. D.
Address: 260 Garrison Blvd. Date signed 3-6-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

430780 G 01907 BALTIMORE CITY HEALTH DEPARTMENT X G 01907

CERTIFICATE OF DEATH 47c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 7313 Yorktown Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Franz Griesser

3 (b) If veteran, name war --

3 (c) Social Security Account No. 215-03-8149

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Anna M. May

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 2-2-06

8. AGE: Years 37 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Hairdresser

11. Industry or business Carl Greisser

FATHER
12. Name Gustav Greisser
13. Birthplace Switzerland

MOTHER
14. Maiden Name Anna Van Roth
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3/10/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Pk.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 6 1943, at 9 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 2 1943, to Mar. 6 1943, and that I last saw him alive on Mar. 6 1943.

Immediate cause of death Tracheal obstruction — Duration

Due to metastatic carcinoma

Due to primary bronchogenic carcinoma with pleural metastases

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/3/43

Major findings of operation: Liver metastases

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Valk

Address Johns Hopkins Hosp. Date signed 3/7/43 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The ... CAUTION. WITH UNFADING INK. Every item of information should be carefully supplied. The

G 01903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 478

G 01903 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 23rd St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Beaumont Ave.
(If rural give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Armour Price

3 (b) If veteran, name war –

3 (c) Social Security Account No. 700-16-5711

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Amelia Wild

6 (b) Name of husband or wife Mrs. Alfred A. Price

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1882.

8. AGE: Years 60 | Months 5 | Days 26 | If less than one day 24 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Genl. Agent

11. Industry or business So. Pac. Lines.

FATHER 12. Name Mr. Augustus R. Price
13. Birthplace Maryland. (Baltimore)

MOTHER 14. Maiden Name Emma Armour
15. Birthplace Maryland. (Baltimore)

16 (a) Informant Hosp. records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) MAR 8 1943 (b)
(Date rec'd by registrar) Huntington Williams, Registrar M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943, at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1943 to Mar. 6 1943, and that I last saw him alive on Mar. 6 1943.

Immediate cause of death: Cardio-resp. failure — Duration: 6 hrs.

Due to: Pulmonary thrombosis, 10 days? atelectasis, and probably Carcinoma of pleura ?

Other Conditions: Lung abscess.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 3/8/43

Type correct age is especially important. Physicians: please write the causes of death clearly and legibly. The entries must be made with UNFADING INK. Every item of information should be carefully checked.

G 01963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01963 / 82a — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 951 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 951 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1889

8. AGE: Years	Months	Days	If less than one day
53	11	1	hr. min.

9. Birthplace Brunswick Co. Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Burl Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Fanny Williams
15. Birthplace Va

16 (a) Informant Olivia Powell
(b) Address 951 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G.G. County
18 (a) Funeral director Mrs. Chas A. Elliott & Dept.
(b) Address 129 N. Carrie St.
19 (a) (Date received by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5/1943. 4.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28/1943 to 3/5/1943 and that I last saw him alive on 3/4/1943

Immediate cause of death	Duration
Apoplexy —	5 days
Due to Arteriosclerosis	6 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address 450 W. Biddle St. Date signed 3/7/43

VS 3

G 01910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01910

1278 Registered No.

1. PLACE OF DEATH: St Joseph's Hosp
(a) Baltimore City, Maryland
(b) Street address 1400 W. Cardin
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Brentwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Zendgraf George W. Zendgraf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Married

6 (b) Name of husband or wife Gertrude Zendgraf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1876

8. AGE: Years	Months	Days	If less than one day
66	8	24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name John A.
13. Birthplace Ger.

MOTHER
14. Maiden Name Sophia F. Groth
15. Birthplace Ger.

16 (a) Informant Family
(b) Address 1135 Brentwood

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 3-10-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Ave.

18 (a) Funeral director Edward L. McCauley
(b) Address 1126 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1943 to March 6 1943 and that I last saw h alive on 2-6 1943

Immediate cause of death
Respiratory failure
Due to Pneumonia
Due to
Other Conditions Arteriosclerosis

Duration

(Include pregnancy within 3 months of death)
Date of operation 2-27-43
Major findings of operations Arteriosclerosis
of autopsy Yes Alternate.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas F. Rankin M. D.
Address St Joseph's Hosp. Date signed 3/9/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01911 Registered No. G 01911 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1836 Byrd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 Byrd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY A. BASS

3 (b) If veteran, name war: World.

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Margaret D. Lacher

6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): 1/5/1899

8. AGE: Years: 44 Months: 2 3 Days: 0 If less than one day: hr. min.

9. Birthplace: Portsmouth, Virginia
(Town, county, and state)

10. Usual Occupation: Machine Helper

11. Industry or business: Ry. Co.

FATHER
12. Name: Edward Bass
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Mae Taylor
15. Birthplace: Va.

16 (a) Informant: Family
(b) Address: 1836 Byrd St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Ritchie Highway

18 (a) Funeral director: James L. McCully
(b) Address: 130 E. Fort Ave.

19 (a) MAR (Date rec'd by registrar) (b) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5 1943. at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1943 to Mar. 5 1943 and that I last saw him alive on Mar. 4 1943.

Immediate cause of death: Exhaustion — Duration: 2 days

Due to: Pulmonary T.B. (Undefined)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: R. E. L. Campbell

Address 1644 Hanover St. Date signed 3.5.43 M.D.

Huntington Ave

G 01912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 01912 Registered No.

Please write plainly with pen and ink. Do not use pencil. Do not fold. Do not write outside the lines. Use no abbreviations. Be sure that the information is entered for each item and that no item is overlooked. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 N Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John L. Brown Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3. 1943

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John L. Brown. Sr
13. Birthplace Chanolle Va

MOTHER
14. Maiden Name Ellen Moore
15. Birthplace Agnes Va

16 (a) Informant John L. Brown Sr
(b) Address 1317 N Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Ivy
Location Baltimore County Md

18 (a) Funeral director Joseph A Sealy
(b) Address 1419 Mount Street

19 (a) (Undertaker) (b) Huntington Williamsville, W. Va.

MAR 8 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1943 to March 7 1943, and that I last saw him alive on March 6 1943.

Immediate cause of death	Duration
Bronchio Pneumonia	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. M. Hutchins
Address 1725 Pa Ave Date signed 3/8/43

G 01913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

G-01913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 941 Madison Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 941 Madison Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Philip De Jesus Jr.

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Philip De Jesus
13. Birthplace Philippine Islands

MOTHER
14. Maiden Name Mary Washington
15. Birthplace Louisa Co. Virginia

16 (a) Informant Mary W. De Jesus
(b) Address 941 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/8/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Delta, Md.

18 (a) Funeral director Adolphus Hubbard
(b) Address Pylesville, Md.

19 (a) MAR 8 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1943 to March 5 1943, and that I last saw h(im) alive on March 4 1943.

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Davis M.D.
Address University Date signed 3/8/43

VS 3

G 01911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01914 / 1170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1192 N. Calhoun St
(b) Street address 1521 Marshall St
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Marshall St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Thomas Hession

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-07 7867

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Carrie A. Hession
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Sept 4, 1896

8. AGE: Years 46 | Months 6 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Crane Operator
11. Industry or business Dredging Chemical Co

FATHER
12. Name John Thomas Hession
13. Birthplace Md

MOTHER
14. Maiden Name Dont Know
15. Birthplace " "

16 (a) Informant Carrie A. Hession
(b) Address 1521 Marshall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10 1943 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memorial Park
Location Anne Arundel Co

18 (a) Funeral director A. Hamm & Sons
(b) Address 1400 S. Charles St

19 (a) ____ (Date rec'd by registrar) (b) Huntington Hill Registrar

VS MAR 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943. at 7 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1943. to March 6 1943. and that I last saw h[illegible] alive on March 6 1943.

Immediate cause of death: Cerebral embolus — Duration: ____
Due to: Ruptured peptic ulcer — Duration: ____
Due to: ____ — Duration: ____
Other Conditions: ____ — Duration: ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Ruptured ulcer.
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Lewis E. Boardman M.D.
Address Franklin Sq Hosp Date signed 3/7/43

G 01915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01915 Registered No. 932d

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 John St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 John St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Hazlehurst Jenkins
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 8, 1868
8. AGE: Years 74 Months 7 Days 29 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benjamin W. Jenkins
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Frances Hazlehurst
15. Birthplace Baltimore, Md

16 (a) Informant Marcella T. Jenkins
(b) Address 1712 John, St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9, 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount & Oliver St

18 (a) Funeral director John Oyster Mitchell & Son
(b) Address 1900 Eutaw Pl

19 (a) MAR 8 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 7 19 43 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942, to March 7 1943, and that I last saw h[illegible] alive on March 7 1943.

Immediate cause of death	Duration
Myocardial Insufficiency	1 yr. 3 mos.
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G W Billups M. D.
Address 2224 N. North Ave Date signed 3/8/43

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Also

G 01916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56a

G 01916 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 E Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Widow Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife: Charles Adams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 3-1897

8. AGE: Years	Months	Days	If less than one day
45 yrs	2	3	hr. min.

9. Birthplace: Bellevue Md (Town, county, and state)

10. Usual Occupation
11. Industry or business: Domestic

FATHER
12. Name: Lloyd Murry
13. Birthplace: Bellevue Md

MOTHER
14. Maiden Name: Susan Smith
15. Birthplace: Bellevue Md

16 (a) Informant: Alice Jeanette Hamilton
(b) Address: 929 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 11-1943 (month) (day) (year)
(c) Cemetery or crematory: Bellevue Cemetery
Location: Talbot Co. Md.

18 (a) Funeral director: Robert E. Williams
(b) Address: 1515 Mc Elderry St

19 MAR 8 - 1943 (Registrar's signature) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943 at 0 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1943, to Mar. 6 1943, and that I last saw her alive on Mar. 3 1943.

Immediate cause of death	Duration
Acute dilatation of Heart - fol. Paralysis	
Due to: Hypertensive cardio-vascular disease	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation: Mar. 6. 1943
Major findings of operation: Myomatous uterus, ovarian cyst
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Christian J. Richter M.D.
Address: St. Joseph's Hosp. Date signed 3/6/43

G 01917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 G 01917
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 E Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clare Robinson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1923

8. AGE: Years	Months	Days	If less than one day
20	-	15	hr. min.

9. Birthplace Camden N. J. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Henry Robinson
13. Birthplace Va.

MOTHER
14. Maiden Name Bertha Sprouts
15. Birthplace Va.

16 (a) Informant Bertha Robinson
(b) Address 1221 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.R. County Md.

18 (a) Funeral director Joseph B. Locke Jr.
(b) Address 1364 N. Central Ave.

19 (a) MAR 8 - 1943 (Date received by registrar) Huntington Md. (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/1943 at 10.20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death: Hypertensive Cardio-vascular renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. Mitchell M.D. Medical Examiner.
Date signed 3/7/43

VS 6

G 01913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 01913

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 17
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Remington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Samuel Hazelwood

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-0391

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Black	married

6 (b) Name of husband or wife Rosa Hazelwood.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1887

8. AGE: Years	Months	Days	If less than one day
57 56.	5	26	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Blast furnace helper
11. Industry or business

FATHER
12. Name Simon Hazelwood.
13. Birthplace Virginia

MOTHER
14. Maiden Name Hattie Halpin
15. Birthplace Virginia

16 (a) Informant Wife
(b) Address 2817 Remington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 324 N Schroeder St.

19 (a) (Date rec'd by registrar) (Huntington Williams M.D.) Registrar

MAR 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1943, at 1:01 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1943. to March 3 1943. and that I last saw h[illegible] alive on March 3 1943.

Immediate cause of death: Cerebral Vascular disease — Duration: 3 days.
Due to: Hypertension — Duration: years.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Matthew M Cox
Address Mercy Hospital Date signed 3/3/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 019 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 W. LEXINGTON Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 W. LEXINGTON Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SALLIE Burley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	Colored	Widowed

6 (b) Name of husband or wife DEAD
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 4, 1891

8. AGE: Years	Months	Days	If less than one day
52	2	3	hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation DOMESTIC
11. Industry or business

FATHER
12. Name BENJAMIN PARKER
13. Birthplace RICHMOND, VA.

MOTHER
14. Maiden Name Willie Ann Hodges
15. Birthplace RICHMOND, VA.

16 (a) Informant JOHN Burley
(b) Address 1523 W. LEXINGTON Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Hattie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Address to be supplied later) (b) Hunting for Williams Mfr

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 4 1943, at 5 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/5 1942 to 3/4 1943.
and that I last saw HER alive on 3/4 1943.

Immediate cause of death	Duration
CEREBRAL Hemorrhage	Several days
Due to Hypertensive Heart Disease	Several months
Due to Hypertensive Encephalopathy	Several months
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Hunt M. D.
Address 607 W. Mulberry St. Date signed 3/4/43

VS 2

G 01920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 01920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 575 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 28yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 575 Baker St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella [illegible] Mack

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Richard Mack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4/1915

8. AGE: Years 27 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name Herbert Hawkins

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary E. Ebbs.

15. Birthplace Baltimore, Md

16 (a) Informant Mary E. Hawkins

(b) Address 575 Baker St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar 8, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) MAR 8 1943 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 2 1943. at 9.a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6. 1943. to Mar 2 1943 and that I last saw her alive on Mar 2 1943.

Immediate cause of death: Hypertensive cardiac disease — Duration 1 yr.

Due to —

Due to —

Other Conditions

(Include pregnancy within 6 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. M. Pifford

Address 1336 W. Lanvale St. Date signed Mar 8/43

G 01921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 01921 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 Vine St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 Vine St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Bell

3 (b) If veteran, name war

3 (c) Social Security Account No. 148-10-2898

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nancy Bell

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Mar 10 1896

8. AGE: Years 46 | Months 11 | Days 21 | If less than one day: 23 hr. min.

9. Birthplace Wilmington Del. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Air base

FATHER
12. Name George Bell
13. Birthplace Wilmington Del.

MOTHER
14. Maiden Name Minnie Nelson
15. Birthplace Wilmington Del.

16 (a) Informant Nancy Bell
(b) Address 834 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 Schroeder St.

19 (a) MAR 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 1943, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1943 to 3/3 1943 and that I last saw h alive on 3/2 1943.

Immediate cause of death Cerebral Hemmorhage

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Crawley M.D.

Address 1722 W Lee Date signed 3/5/43

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01922 / 93 D / Registered No. G 01938 / 98

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 N. Carrollton ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mary (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Carrollton ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs Annie Wilkins

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	Widowed

6 (b) Name of husband or wife John Wilkins
(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7-7-1873

8. AGE: Years	Months	Days	If less than one day
69	—	—	— hr. — min.

9. Birthplace Chester Town Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business House work

FATHER
12. Name James Blake
13. Birthplace Chester Town md

MOTHER
14. Maiden Name Mrs Rachel Smith
15. Birthplace Chester Town Md

16 (a) Informant Mrs Tillie Stewart
(b) Address 1025 Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location —

18 (a) Funeral director Mrs Katy R Williams
(b) Address 322 N Schroeder St.

19 (a) MAR 8 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4- 1943 at 11.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1943 to 3-4- 1943 and that I last saw her alive on 3-3- 1943.

Immediate cause of death	Duration
Myocarditis	unknown
Due to Unknown	
Due to —	
Other Conditions Arteriosclerosis Hypertension	unknown

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank A. Saunders MD M. D.
Address 1029 N. Stricker St Date signed 3-4-43

VS 3

430487
G 01923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

G 01923 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Milliman (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Chester

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Div.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-24-83

8. AGE: Years 59 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Chester
13. Birthplace Md

MOTHER
14. Maiden Name Mary Lee
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 9 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MAR 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 4 1943 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to MAR 4 1943, and that I last saw him alive on MAR 4 1943

Immediate cause of death Pulmonary Embolism — Duration

Due to Thrombophlebitis

Due to Appendectomy with Drainage

Other Conditions Multiple Abdominal Abscesses (Include pregnancy within 3 months of death)

Date of operation 2-25-43

Major findings of operation: Appendiceal Abscess

of autopsy: See Above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. C. Clay M.D.
Address Johns Hopkins Hosp Date signed 3-5-43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01924 G 01924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4708 York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4708 York Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN THOMAS ABBOTT

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Male	White	Married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1893

8. AGE: Years	Months	Days	If less than one day
49	7	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Self

FATHER
12. Name Selman L. Abbott
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Alice L. Hodges
15. Birthplace Baltimore, Md.

16 (a) Informant Pauline Abbott
(b) Address 4708 York Road

17 (a) Burial (b) Date thereof 3/10/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Williams & Son
(b) Address 1219 E. Pond St.

MAR 8 - 1943 (b) Harting for Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1943 to March 6, 1943 and that I last saw him alive on March 6 1943.

Immediate cause of death	Duration
Pneumonia (Lobar)	4 days.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunt Brace Jr. M. D.
Address Towson Md Date signed 3/7/43

VS 189

Every item of information should be given if obtainable. Do not abbreviate. Write with UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 01925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G 01925

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 N. Washington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 N. Washington St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. McGreevy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Mamie Snorr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1866

8. AGE: Years	Months	Days	If less than one day
77	2	2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Soleman McGreevy
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Susian Salsbury
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Cecila Trentler
(b) Address 3225 Ravenwood Ave

17 (a) Burial (b) Date thereof 3/9/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) 3/8/43 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943 at 8.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from February 26 1943 to March 6 1943 and that I last saw h[illegible] alive on March 5 1943

Immediate cause of death: Myocardial failure — Duration 10 days
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary Baum
Address 1501 N. Milton Ave Date signed M. 3 D. 8 '43

VS 180

G 01926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 01926

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 S. Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 S. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna Theresa Fitzgibbons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Wm. John J. Fitzgibbons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1864

8. AGE: Years 78 | Months 2 | Days 10 | If less than one day: hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER
12. Name John Lee
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Fitzmaurice
15. Birthplace Ireland

16 (a) Informant J. M. Fitzgibbons
(b) Address 2520 Whitelock Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Little
(b) Address 401 E. Edmondson Ave
(Date received) Huntington Williams

MAR 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Acute Cardiac Failure — Duration: 7 Days
Due to A.S.H.D.
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Townsend M.D.
Address 910 W. Lombard Date signed 3/8/43

VS 3

G 01927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01927 Registered No. 97

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 N. Schroeder St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N. Schroeder (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Natalie A. Caldwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife John Caldwell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1858

8. AGE: Years 85 Months - Days 29 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation -

11. Industry or business -

FATHER 12. Name Ernest Becher

13. Birthplace German

MOTHER 14. Maiden Name Magdelena Schad

15. Birthplace Germany

16 (a) Informant Beatrice A. Caldwell

(b) Address 505 N. Schroeder

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitchell

(b) Address 4101 Edmondson Ave.

MAR 8 - 1943 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27, 1943, to March 6, 1943, and that I last saw her alive on March 6 1943

	Duration
Immediate cause of death Heart Failure	10 days
Due to Osteo Arthritis	?
Due to Senility with mental deterioration	5 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shamer

Address 3300 N. Charles Ave Date signed 3/9/43

VS 3

G 01928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. G 01928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3026 Stafford St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Stafford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Raymond Bell

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-2054

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife (nee Wedd) Sophie M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1891

8. AGE: Years	Months	Days	If less than one day
51	3	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Watchmaker
11. Industry or business Boyds, Lalor Book Co

FATHER
12. Name Thomas Bell
13. Birthplace Md

MOTHER
14. Maiden Name Mary Lenhan
15. Birthplace Md

16 (a) Informant Mrs. Sophie M. Bell
(b) Address 3026 Stafford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4200 Old Frederick Rd

18 (a) Funeral director Harry H. Kirtley
(b) Address 401 Edmondson Ave
MAR 8 1943 Huntington Williams
(Date filed) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to 3/6 1943
and that I last saw him alive on 3/6 1943.

Immediate cause of death: Uremia — Duration 10 days
Due to: Carcino-Ma Colon, Renal Stasis — 8 Months
Due to:
Other Conditions: Gangrene Left foot, Circulatory — 7 days
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elias W. Johnson
Address 2017 Druid Hill Ave Date signed 3/8/43

VS 150

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G 01929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 01929 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 N. Rose St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Rose
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Albert

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-9271

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Clara Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2 - 1876

8. AGE: Years	Months	Days	If less than one day
66	3	3	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Brass Welder

11. Industry or business

FATHER
12. Name Sylvester Albert
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant ~~Father~~ Mrs. Clara Albert
(b) Address 123 N. Rose St.

17 (a) ~~Burial~~ Burial (b) Date thereof Mar. 9/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John F. Miller
(b) Address 2324 Jefferson St.

19 (a) (b)
Registrar

MAY 6 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratton M.D.
Medical Examiner
Date signed March 6 1943

G 01930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catonsville Ave
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 Ingleside Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wesley G. Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mollie E. Platt Bowen

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Jan. 1887

8. AGE: Years 57 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Preanglous
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant G. Schuster
(b) Address St Agnes Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 19 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave. Balto. Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md.

MAR 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1943, to March 7 1943, and that I last saw h/he alive on Mar 6 1943.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis C V-D

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury?

23. Signature J. Carter Bromley M.D.

Address St. Agnes Hosp Date signed 3/8/43

Coron

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 01931
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2480 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Boettcher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Fred Boettcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4th 1890

8. AGE: Years	Months	Days	If less than one day
52 53	11	1	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George F Schnader
13. Birthplace Germany

MOTHER
14. Maiden Name Barbra Rauh
15. Birthplace Germany

16 (a) Informant Fred Boettcher
(b) Address 2480 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9th 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo E. Cook
(b) Address 1701-03 N Patt Park Ave

MAR 8 - 1943
(Date rec'd by registrar) Henrietta Lee Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 2:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy & ~~the jurors thereon~~ from the evidence obtained by said ~~inquest~~ autopsy & inquiry ~~and~~ that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death Cerebral hemorrhage, spontaneous — Duration

Due to Hypertension Cardio Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 5 1943

G 01932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Woodlawn (If outside city or town limits write RURAL and give town)
(d) Street No. Dogwood Rd. Box 216 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillie C. Keaney (KeeNey)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1943

8. AGE: Years 6 Months 4 Days 9 If less than one day hr. 1 2/6 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Paul A. Sweeney
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Hatzel
15. Birthplace Md.

16 (a) Informant Paul A. Sweeney
(b) Address Dogwood Rd. Woodlawn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1943 (month) (day) (year)

(c) Cemetery or crematory Rocky Hill
Location near Woodsboro Md.

18 (a) Funeral director Burall & Albaugh
(b) Address Woodsboro, Md.

19 MAR 9 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1943, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1943 to 3/8 1943 and that I last saw h pt alive on 3/8 1943

Immediate cause of death (Enter only one cause per line for (a), (b), and (c).)
(a) Pneumonitis (type to be determined)
Due to (b) (new)
Due to (c)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
(a) 2 wks.
(b)
(c)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Arthur Rosberg M.D.
Address St. Agnes Hosp Date signed 3/9/43

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPEWRITING OR PRINTING INK.

G 01933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 Wildwood Pkwy.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Wildwood Pkwy.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME John W. McCloud

3 (b) If veteran, name war: Spanish-American

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Late Mabel Brown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 10-1874

8. AGE: Years 68 | Months 8 | Days 26 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Retired Supt.

11. Industry or business ?

FATHER
12. Name John Mc Cloud
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Edna Brown
(b) Address 624 Wildwood Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1612 Hollins St.

19 (a) (Date received) MAR 8 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1933 to March 6 1943, and that I last saw h. alive on Feb 20 1943

Immediate cause of death: Coronary Thrombosis — Duration ?

Due to: Generalized arteriosclerosis — ?

Due to: —

Other Conditions: Hypertrophic arthritis — ?

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Morris B. Sobrin M. D.
Address 548 Fulton Ave. Date signed 3-8-43

VS 110

Hunting Co. Williams, M.D.

Type or write with UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hareny Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 61

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Brendan Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JENNIE HEID

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Gustav Heid
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1881

8. AGE: Years	Months	Days	If less than one day
61	2	10 13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Bertlein
13. Birthplace Germany

MOTHER
14. Maiden Name Unterdorfer
15. Birthplace Germany

16 (a) Informant Gustav Heid
(b) Address 3109 Brendan Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md

18 (a) Funeral director Uhl Sound Hav
(b) Address 2008 Orleans

19 (a) MAR 9 1943 (b) Filed by me Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8 1943, at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Wollenweber M.D. Medical Examiner.
Date signed 3-8-43

VS 6

G 01935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 01935 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Wicks Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Pritchett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 - 1875

8. AGE: Years	Months	Days	If less than one day
67	5	4	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business No Number

FATHER
12. Name John
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Eliz.
15. Birthplace Balto.

16 (a) Informant Mary E. Coyne
(b) Address 1711 Wicks Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location City

18 (a) Funeral director Wilkes Funeral Home
(b) Address 2004-8 Allegan

19 (a) MAR 9 - 1943 (Date received by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1943, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1943 to 3/6 1943, and that I last saw h(im) alive on 3/6 1943.

Immediate cause of death Arteriosclerotic C-V-D

Due to

Due to

Other Conditions Chr. Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Rooters, M.D.
Address St. Agnes Hosp. Date signed 3/6/43

VS 180

G 01936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 01936
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1702 N. Milton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 N. Milton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA H. BISCHOFF

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	216-01-3514 A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1877

8. AGE: Years	Months	Days	If less than one day
65	2	12	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Window shade Co.
11. Industry or business

FATHER
12. Name Carl Bischoff
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Bielefeld
15. Birthplace Germany

16 (a) Informant Mrs. Fred Von Kennen
(b) Address 1702 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9, 1945 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wilmich Funeral Home
(b) Address 2008 Orleans St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 9 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5- 1943, at 9:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1- 1938 to 3-5- 1943, and that I last saw her alive on 3-5- 1943.

Immediate cause of death: Carcinoma of left breast — Duration: 5 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Generalized Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton C. Laag M. D.
Address 2117 Belair Rd Date signed 3-8-43

G 01937 ✓ G 01937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 15 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2917 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rodger Maroney (Roger Lawrence Maroney)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-07-2316

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Vivian Mae Liller

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 9/2/1914

8. AGE: Years	Months	Days	If less than one day
28	6	6	hr. min.

9. Birthplace Oakland, Md. (Town, county, and state)

10. Usual Occupation Shipfitters helper

11. Industry or business Md. Drydock Co.

FATHER
12. Name John W. Maroney
13. Birthplace Oakland, Md.

MOTHER
14. Maiden Name Mary Catherine Faherty
15. Birthplace Oakland, Md.

16 (a) Informant Mrs. Vivian M. Maroney
(b) Address 2917 W. North Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Oakland, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport Md.

MAR 9 1943

VS 230

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1943 to 3-8 1943 and that I last saw h IM alive on 3-8 1943

Immediate cause of death: Pneumonia

Due to: Perforated duodenal ulcer

Due to:

Other Conditions: Gastro enter-ostomy

(Include pregnancy within 3 months of death)

Date of operation 3-6-43

Major findings of operations: None

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R Carey M. D.
Address University Hospital Signed 3-8-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G 01938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 01938

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 Glen Allen Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Glen Allen Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY C. HUTCHINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Oliver M. Hutchins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/12/1866

8. AGE: Years	Months	Days	If less than one day
76	6	24	hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George W. Hutchins
13. Birthplace Maryland

MOTHER
14. Maiden Name Hannah Haile
15. Birthplace Maryland

16 (a) Informant Mrs. Helen Galloway
(b) Address 829 Glen Allen Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery or crematory St. James Cem.,
Location Monkton, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1943, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3- 1943 to 3-6 1943, and that I last saw h[illegible] alive on 3-6- 1943.

Immediate cause of death	Duration
Coronary occlusion	2 days
Due to	
Due to Arteriosclerosis	-
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard T. Warren M. D.
Address 710 Harrison Bldg Date signed 2-8-43

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G 01939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 01939
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5005 Emble Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5005 Emble Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Oliver J. Whildin

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Jennie E. Whildin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	15	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Clergyman - retired
11. Industry or business Grace & St. Peters Ch.

FATHER
12. Name Thomas A. Whildin
13. Birthplace Wales

MOTHER
14. Maiden Name Mary Jane Bowen
15. Birthplace Wales

16 (a) Informant Miss Olive A. Whildin
(b) Address 5005 Emble Ave.

17 (a) Burial (b) Date thereof 3/10/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] (b) Huntington Williams M.D.
(Address)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 7 1943 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 6th 1943 to Mar 7th 1943 and that I last saw him alive on Mar 7 1943.

Immediate cause of death: Acute Cardiac dilatation — Duration: acute

Due to: Congestive chest cold — Duration: 2 days

Due to: L side pleurisy — Duration: 1 day

Due to: Diabetes & Anemia — Duration: many years

Other Conditions: Prostatic hypertr — Duration: years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. V. Clift M. D.
Address 5010 Greenleaf Road Date signed 3-8-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. USE INDELIBLE INK.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 01940

CERTIFICATE OF DEATH

108

G 01940

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Woodyear St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 6 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bulliagy Johnson Smith

If U. S. Veteran specify WAR

(a) Residence: No. 714 N Woodyear St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov-20-1906

7. AGE: Years 32 Months 3 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Savage

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs Bessie Rawlings Hall

(Address) 1116 N. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mch 9 1943

19. UNDERTAKER Chas H. Chase & Son

(Address) 638 N. Gilmor St

20. FILED MAR 9 - 1943 19 Hunting for Hattie Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1943

22. I HEREBY CERTIFY, That I attended deceased from 3-V6- 1943 to 3-6 1943

I last saw h alive on 3-5 1943 Death is said to have occurred on the date stated above, at 2:

The principal cause of death and related causes of importance were as follows:

Pneumonia (Primary) — Date of onset

Other contributory causes of importance: Pregnancy Confinement

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) John R Sieker M. D.

(Address) 691 N. Calhoun St, Balto.

G 01941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01941
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5130 Edmondson ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr, 11 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr, 11 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5130 Edmondson ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Henry Wheatley Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Alice Gertrude Wheatley
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Oct 8, 1863.

8. AGE: Years	Months	Days	If less than one day
79	5	0	hr. min.

9. Birthplace Howard, Co. Md.
(Town, county, and state)
10. Usual Occupation patrolman
11. Industry or business State Roads Commission

FATHER
12. Name Johnathon Wheatley
13. Birthplace Howard Co Md.

MOTHER
14. Maiden Name Margaret Burgess
15. Birthplace Howard Co Md.

16 (a) Informant Mrs Effie Dayhoff
(b) Address 5130 Edmondson Ave

17 (a) Burial (b) Date thereof Mar. 11, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director C. Harry Wiser
(b) Address Sykesville, Md.

19 (a) (b)
(Date rec'd by registrar) Livingston Williams, Registrar

MAR 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8, 1943, at 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1943 to Mar 8 1943 and that I last saw him alive on Mar 7, 1943.

Immediate cause of death	Duration
coronary thrombosis	1 day
Due to chronic myocarditis	2 mos
Due to generalized arteriosclerosis	?
Other Conditions acute bronchitis	2 wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Kunzas M. D.
Address 3020 Edmondson Ave Date signed 3-9-43
M. D.

G 01942 Covey ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. G 01942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and name district)
(d) Street No. 4014 Mass. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Covey 3rd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 31 1941

8. AGE: Years	Months	Days	If less than one day
1	2	7 6	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William A. Covey Jr
13. Birthplace Md

MOTHER
14. Maiden Name Edna D. Quick
15. Birthplace Baltimore Md

16 (a) Informant William A. Covey Jr
(b) Address 4014 Massachusetts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Howard County Md

18 (a) Funeral director Pott C & B. M. Walter
(b) Address Pratt & Stricker Sts

19 (a) 3/9/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/7 1943 at 8:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1943 to 3/7 1943 and that I last saw h alive on 3/7 1943.

Immediate cause of death	Duration
Shock + toxemia	1 day
Due to Severe 2° burns	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence 3/6/43 at 3 PM
(c) Where did injury occur? Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fall on stairs

23. Signature J. R. Dwyer M.D.
Address St Agnes Hosp Date signed 3/9/43 M. D.

Howard J. Wilkins, M.D.

VS 150

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. G 01943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Front St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Denny

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-2923

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/6/1880

8. AGE: Years	Months	Days	If less than one day
62	9	1	hr. min.

9. Birthplace Baltimore Maryland. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name F. Denny
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant J. Bladtke
(b) Address 4 N. Front St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)
(c) Cemetery or crematory St Mathews
Location Gd Donnell St Ext

18 (a) Funeral director Henry Lutz
(b) Address 1203 N Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/31 1942 to 3/7 1943, and that I last saw h.. alive on 3.7 1943.

Immediate cause of death Cardio Respiratory failure

Due to Bronchogenic Carcinoma

Due to Rt Lung & Metastasis

Other Conditions Cachexia

(Include pregnancy within 3 months of death)

Date of operation 12/24/42

Major findings of operation: Bronchogenic Carcinoma Rt Lung with Metastasis

of autopsy:

Duration
Surgery 6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Patrick C. Sheehan Jr. M. D.
Address Mercy Hospital Date signed 3/7/43

VS 156

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G 01944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 BANK ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 BANK ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA BARROWS

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: HARRY BARROWS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JAN. 2 1873

8. AGE: Years: 70 Months: 2 Days: 5 If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: FREDERICK SCHLOSSER
13. Birthplace: BALTO. MD.

MOTHER
14. Maiden Name: MARGARET STRAW
15. Birthplace: BALTO. MD.

16 (a) Informant: ETHEL HELM (DAUGHTER)
(b) Address: 2014 BANK ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 10/43 (month) (day) (year)
(c) Cemetery or crematory: OAKLAWN
Location: EASTERN AVE. EXT.

18 (a) Funeral director: Lillyard Zeiler INC.
(b) Address: 403 W. WOLFE ST.

19 (a) MAR 9- 1943 (Received by registrar) (b) Registered by William H. Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 7 1943 at 12/38 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Mar 7 1943 and that I last saw her alive on March 1943.

Immediate cause of death: Acute Coronaria Arteriosclerosis — Duration 2 days
Due to: Chr. Hypertrophic Arthritis ?
Due to: Chr. myocarditis ? Endocarditis.
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Isaac T. Lewis D.
Address 700 E. Pratt Date signed 3/8/43

VS 3

G-01945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

G 01945
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4040 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry E. Myers

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 730-10-9841

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21-1908

8. AGE: Years	Months	Days	If less than one day
34	3	14 16	hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation SEAMAN

11. Industry or business

FATHER
12. Name Edward Myers (D)
13. Birthplace Pa.

MOTHER
14. Maiden Name Leona Platt
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-43 (Month) (day) (year)
(c) Cemetery or crematory St. MATHEW CEM.
Location ODONNELL ST.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. Wolfe St.

19 MAR 9 - 1943 Huntingtown Williams, M.D.
(Date filed by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1943, at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1943 to 3-7 1943, and that I last saw h[illegible] alive on 3-7 1943.

Immediate cause of death
Pulmonary embolism
Cardiac failure
Due to Rheumatic heart lesion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: as above

Duration
?
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-8-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 01946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. 04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Etting St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otho Fisher SR.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-5237

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Mamie Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5 - 1884

8. AGE: Years	Months	Days	If less than one day
59	4	0	hr. min.

9. Birthplace Bloxom Accomac Co, Va
(Town, county, and state)
10. Usual Occupation Cooper
11. Industry or business

FATHER
12. Name Littleton Fisher
13. Birthplace Bloxom Accomac Co, Va

MOTHER
14. Maiden Name Elizabeth Davis
15. Birthplace Bloxom Accomac Co, Va.

16 (a) Informant Mamie Josephine Fisher
(b) Address 2102 Etting St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 10-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Bloxom Va.
Location Brooklyn

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St

19 (a) MAR 9 - (Date rec'd by registrar) (b) Huntingtown Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death * Cerebral hemorrhage, spontaneous

Due to hypertensive cardio-vascular disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 6 1943

VS 6

H 30948
G 01947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01947 Registered No. 12B

Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 McElderry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Naomi Kelly

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Jerome
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 11-14-16

8. AGE: Years	Months	Days	If less than one day
26	3	23	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Samuel Rollett
13. Birthplace Md

MOTHER
14. Maiden Name Naomi
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Park Ave. Md

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St

19 (a) MAR 8 1943 (Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 7 1943 at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 5 1943 to MAR 7 1943, and that I last saw h.e.r alive on MAR 7 1943.

Immediate cause of death	Duration
cardiovascular collapse	
Due to massive pulmonary Tuberculosis & cavitation	
Due to	
Other Conditions ? of pregnancy, about 2-3 months. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Duncan Jr
Address JHH Date signed 3-8-43

VS 180

G 01948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 01948
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3507 Spaulding ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 Spaulding ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Rhoda Robertson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife David C. Robertson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 12, 1879

8. AGE: Years	Months	Days	If less than one day
63 64	109	2726	hr. min.

9. Birthplace Phoenix Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joshua Shelley
13. Birthplace Ba Md.

MOTHER
14. Maiden Name Rebecca J. Hackett
15. Birthplace Penn.

16 (a) Informant Mary L. Robertson
(b) Address 3507 Spaulding Ave. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 11 43 (month) (day) (year)
(c) Cemetery or crematory Fairview Church
Location Phoenix, Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md

19 MAR 9 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to March 8 1943, and that I last saw her alive on March 8 1943.

Immediate cause of death	Duration
Generalized Metastic Carcinoma With Intestinal Obstruction	3 months
Due to	
Due to Cancer	
Other Conditions (none)	

(Include pregnancy within 3 months of death)
Date of operation 1941 Mastectomy
Major findings of operations: Malignancy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sherman Albertz M.D.
Address 2601 Manhattan Ave Date signed 3/8/43

VS 180

Every item of information should be carefully supplied. Age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G 01943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2321 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence W. Weaver

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1880

8. AGE: Years	Months	Days	If less than one day
62	7	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Railroad

FATHER
12. Name Walter I. Weaver.
13. Birthplace Lynchburg City, Va.

MOTHER
14. Maiden Name Sarah Fallon
15. Birthplace Virginia

16 (a) Informant Louis Weaver
(b) Address 2321 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. George W. Hoffman
(b) Address 1681 Druid Hill Ave.

19 (a) (b) Huntington Williams, M.D.

MAR 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1943 to March 6 1943, and that I last saw h. alive on March 6 1943.

Immediate cause of death	Duration
Carcinoma of Stomach	3 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Barham Higgins M. D.
Address 43 Madison Ave Date signed 3/8/43

VS 1

G 01950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

G 01950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 S. Belnord Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IDA JAGIELSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Frank Jagielski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
79	—	—	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Vincent Jagielski
13. Birthplace Poland

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mary
(b) Address 510 S. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Co

18 (a) Funeral director William Fialkowski
(b) Address Eastern Ave

19 (a) MAR 9 1943 (Date rec'd by registrar) (b) Huntingtown, William, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943 at 3 05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 7, 1943 at 2 30 P.M.
(c) Where did injury occur? Lakewood & Fulton (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Roadway While at work? (Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 3-9-43

VS 6

G 01951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

G 01951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1790 Riverside Av
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6y
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1790 Riverside Av
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Carrie L. Fugitt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
F	W	Married	James A Fugitt	years

7. Birth date of deceased (mo., day, yr.) Oct 8 1870

8. AGE: Years 67 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation housework

11. Industry or business —

FATHER
12. Name Lewis C. Dyer
13. Birthplace Balto Md

MOTHER
14. Maiden name Mary C. Rosenbrock
15. Birthplace Balto Md

16 (a) Informant James A. Fugitt
(b) Address 1790 Riverside Av

17 (a) — (Burial, cremation, or removal) (b) Date thereof 3 10 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co Md

18 (a) Funeral director Jos. Lee Hogue
(b) Address 1919 Light St

19 (a) MAR 9 1943 (Date rec'd by registrar) (b) Registrar for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/7 1943 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27, 1943 to March 7, 1943 and that I last saw him alive on March 7, 1943.

Immediate cause of death Hypertension Cardio vascular Renal Disease.

Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature N. B. Friedman
Address 1919 Light St Date signed 3/8/43

VS 8

01952
Aga 26856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1939

G 01952
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hosp. 3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lodging House, Eastern Ave. & Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Gadd

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Julia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1852

8. AGE: Years	Months	Days	If less than one day
90	2	14	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Gadd
13. Birthplace Md.

MOTHER
14. Maiden Name Maggie Smith
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 9 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Hearts
Location Garrison Hill Rd
18 (a) Funeral director J. J. Fahey & Sons
(b) Address 1318 Light St.
19 (Date rec'd by registrar) MAR 9 – 1943 Huntington Williams M.D.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1943 at 7 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1943 to 2-28 1943 and that I last saw h[illegible] alive on 2-28 1943.

Immediate cause of death	Duration
Cardiac failure	?
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-8-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 01953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hosp.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7942 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? ——— (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Weeks

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Ca	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-27-43

8. AGE: Years	Months	Days	If less than one day
0	0	10	hr. — min.

9. Birthplace Provident Hosp., Balto., Md.
(Town, county, and state)

10. Usual Occupation Baby

11. Industry or business —

FATHER
12. Name Robert Saunders
13. Birthplace Rock Hall, Va

MOTHER
14. Maiden Name Willamae Tunnon
15. Birthplace Albany, Ga.

16 (a) Informant Mother - 7942 W. Lexington St.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary cem.
Location Anne Arundel County

18 (a) Funeral director Dyson & Maggie Wright
(b) Address 721 Pennsylvania Ave

19 (a) MAR 9 - 1943 (To be filled in by registrar) (b) Thurlow W. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-1943, at 6 40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27-1943, to 3-6-1943, and that I last saw her alive on 3-6-1943.

Immediate cause of death	Duration
	10 days
Due to Congenital Atelectasis	
Due to Prematurity	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Bonyata M. D.
Address Provident Hospital Date signed 3-7-43

VS 2

G 01954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 G 01954

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 North Arlington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. Infant

4 Sex: Female

5 Color or race: Colored

6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife

6 (c) If alive, give age " years

7. Birth date of deceased (mo., day, yr.) July 20 1936

8. AGE: Years 6 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Roscoe Thomas
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Hilda Lee
15. Birthplace Baltimore, Md.

16 (a) Informant Hilda Thomas
(b) Address 212 N. Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah L Brown
(b) Address 1018 Montgomery St

MAR 9 – 1943 (Date rec'd by Registrar) (c) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1943, at 9.23 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Ex Tuberculosis 2nd degree burns	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence January 30 1943 ! M
(c) Where did injury occur? 212 North Arlington (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? Home While at work? no (Specify type of place)
(e) Means of injury: Child playing with matches

23. Signature Robert H. Whitaker M.D. Medical Examiner
Date signed March 8 1943

VS 6

G 01955 G 01955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 440 S. Bonsal St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 440 S. Bonsal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Biscoe Sr

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Biscoe
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 3 1866

8. AGE: Years	Months	Days	If less than one day
76	9	2	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business C&O RR

FATHER 12. Name Wm M. Biscoe
13. Birthplace Scotland

MOTHER 14. Maiden Name McKinnon
15. Birthplace Scotland

16 (a) Informant Annie V. Biscoe
(b) Address 440 S. Bonsal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St

19 (a) (Date received) MAR 6 1943 (b) Hunting to Williamsville, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5th 1943, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930, to March 5 1943, and that I last saw him alive on Dec 1942

Immediate cause of death: Coronary Thrombosis
Due to: Arterial Hypertension
Due to:
Other Conditions: Medical Examiners office reported
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration
1 day
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo D Lafferty M. D.
Address 427 S Patterson Park Date signed 3/6/43

G 01956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 01956 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. PRINT IN INK, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Sts.
(c) Hospital or institution: Union Mem. Hosp. 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3539 Emily Ave. (Hamley) (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Madeline Beck.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	

6 (b) Name of husband or wife Mr. Louis Beck
6 (c) If alive, give age at years

7. Birth date of deceased (mo., day, yr.) April 19, 1874

8. AGE: Years	Months	Days	If less than one day
68	10	19	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mr. Henry Hammell
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Roberts
15. Birthplace Md.

16 (a) Informant Mrs Margaret Hammell
(b) Address 403 S. Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 11/43 (month) (day)
(c) Cemetery or crematory Pinewood Cem
Location Baltimore

18 (a) Funeral director Philip Stern Funeral
(b) Address 2924 Eastern Ave

19 (a) MAR 9 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1943, to Mar. 8 1943, and that I last saw her alive on Mar. 8 1943.

Immediate cause of death	Duration
Cardio resp. failure	4 hrs.
Due to Arteriosclerosis and Diabetes Mellitus.	?
Due to	
Other Conditions Diabetic Gangrene of foot. (Include pregnancy within 3 months of death)	3 wks.

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin E. Cooke M.D.
Address Union Memorial Hosp Date signed 3-9-43

VS 180

G 01957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 01957

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 N. Caroline
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Sebastiano Maggiore

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Widowed

6 (b) Name of husband or wife late Rosaria Maggiore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 16/1872

8. AGE: Years	Months	Days	If less than one day
70	3	19 24	hr. min.

9. Birthplace Militello Italy
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Salvatore Maggiore
13. Birthplace Italy

MOTHER
14. Maiden Name Giovanna Le Favi
15. Birthplace Italy

16 (a) Informant Maria Stella Maggiore (Daughter)
(b) Address 1514 N. Caroline St.

17 (a) Burial (b) Date thereof March 10/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. (Baltimore Md.)

18 (a) Funeral director Truett Dalton Hall
(b) Address 52 N. Morley St.

19 (a) (Date rec'd by registrar) (b) Huntington Adkins Registrar

VS : MAR 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 19 43 at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 19 43 to March 19 43.
and that I last saw him alive on March 4 19 43.

Immediate cause of death General Arteriosclerosis Arterial Hypertension Cerebral Hemorrhage
Due to
Other Conditions Cardiac Dilatation and Uremia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration: 24 Yrs. 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert A. Cassenberg M.D.
Address 2025 E. North Ave. Date signed 3/8/43

G 01958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 01958 Registered No. 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 703 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Kelly

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 14 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edw. V. Kelly
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Pollack
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Fred A. Krauss Jr.
(b) Address 2016 S. Charles St.

19 MAR 9 - 1943 (b) (Date rec'd by registrar) Registrar

Hunting for Witness

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1943, at 10-50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/22 1943 to 3/8 1943.
and that I last saw h[illegible] alive on 3/8 1943

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Koenig M. D.
Address 7 E. Lynes Ave. Date signed 3/11/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE PENCIL, WITH UNFADING INK.

G 01959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54B

G-01959
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6174 Leyton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma B. Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Charles F. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	5	26		

9. Birthplace Ill.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Hofert
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Hubner
15. Birthplace Germany

16 (a) Informant Charles F. Taylor
(b) Address 6621 Leyton Ave
17 (a) Burial (b) Date thereof 3-12-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Forest Home
Location Chicago Ill
18 (a) Funeral director Donald J. Hurt
(b) Address 5305 Harford Rd
19 (a) (Date received) MAR 9 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8 1943, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1943, to 3-8 1943, and that I last saw her alive on 3-8 1943

Immediate cause of death
Brain tumor
Metastatic multiple
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 4 months

Date of operation 3-8-43
Major findings of operation:
Increased pressure
of autopsy: Metastatic carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature Averill Stowell M. D.
Address University Hospital Date signed 3-8

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied as far as known, WITH UNFADING INK.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 01960

CERTIFICATE OF DEATH 131a

G 01960

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Montford Ave. Ward) V

Length of residence in city or town where death occurred 51 yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Anna Hildebrand

If U. S. Veteran specify WAR

(a) Residence: No. 605 N. Montford Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — HUSBAND (or) WIFE: Peter Hildebrand

6. DATE OF BIRTH (month, day, year): Feb. 19, 1892

7. AGE: Years 49 (51) | Months — | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bomb. Edgewood arsenal

10. Date deceased last worked at this occupation (month, day, year): 3/6/43

11. Total time (years) spent in this occupation: 2 yr.

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Joseph F. Davis

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary Gross

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): John G. Hildebrand 605 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL: Mopeland Park Cem. Date 3-11 1943

19. UNDERTAKER (Address): Martin H. G. Dippel 378 Cross St

20. FILED MAR 9 - 1943 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 7 1943

22. I HEREBY CERTIFY, That I attended deceased from May 26 1926 to Mar. 7 1943

I last saw deceased alive on Jan. 31 1943 Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Interval between onset and death: 3/7/43

Other contributory causes of importance: Hypertensive cardiovascular disease — 3yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clin. data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo Schlenger SCHLENGER M. D.

(Address) 4 E Baltimore St

For 6th Ward Coroner Howard F. Maldeis, M. D.

430736
G 01961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 F

G 01961
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Ann (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 11-15-81

8. AGE: Years 61 | Months 3 | Days 22 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: Jacob Shroat
13. Birthplace: Md

MOTHER
14. Maiden Name: ?
15. Birthplace: Md

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Md.

18 (a) Funeral director: M. W. E. Dyer & Sons
(b) Address: Lombard & Ann Sts.

19 (a) (Date rec'd by registrar) (b) Signature of Registrar

MAR 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 8 1943 at 8.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 1 1943 to MAR 8 1943, and that I last saw her alive on MAR 8 1943.

Immediate cause of death: Carcinoma ? Sigmoid colon — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-4-43

Major findings of operation: Carcinomatosis of peritoneum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. M. Gamble M. D.

Address Johns Hopkins Hosp. Date signed 3-9-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. — WITH INKING INK. Every item of information should be

G 01962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G 01962
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 S. Decker ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 S. Decker ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3 (a) FULL NAME Katarzyna Kluczynska

3 (b) If veteran, name war —

3 (c) Social Security Account No. No

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13 1864

8. AGE: Years 78 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Michael Wieniecki
13. Birthplace Poland

MOTHER
14. Maiden Name Rosalia ?
15. Birthplace Poland

16 (a) Informant Katherine Kluczynska
(b) Address 1223 S. Decker Ave.

17 (a) Burial (b) Date thereof 3 10 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Hammonds Ferry Rd

18 (a) Funeral director Martin A. G. Dippel
(b) Address 37 S. Amer St

19 (a) (b)
(Date rec'd by registrar) (Registrar)
MAR 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943 at 2:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941, to Mar 7 1943, and that I last saw her alive on Mar 6 1943.

Immediate cause of death
Arteriosclerotic C.V. Disease — Duration 1-6-41
Carcinoma of Left Breast — Feb 15 43
Due to Myocardial Failure
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: None.

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eastchurch M.D.
Address 842 S. East Ave Date signed 3-7-43

Please PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01963

G 01963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 525 N. Parrish St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-16-4935-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	colored	Married

6 (b) Name of husband or wife Gertrude Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1909

8. AGE: Years	Months	Days	If less than one day hr.	min.
33	11	6		

9. Birthplace Saluda, Va. (town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Steven Jones
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Jackson
15. Birthplace Va.

16 (a) Informant Gertrude Jones, (wife)
(b) Address 525 N. Parrish St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Antioch Cemetery
Location Saluda, Va.

18 (a) Funeral director Mrs. Hattie R. Williams
(b) Address 322 N. Schroeder St.

19 (c) MAR 9 1943 Interring or Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 6 1943 at 4. D.S.T. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1943. to 3-6 1943. and that I last saw him alive on 3-6 1943.

Immediate cause of death: Intestinal Obstruction — Duration

Due to Strangulated or Inguinal Hernia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Strangulated Hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 803 N. Fremont Date signed

G 01964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

G 01964 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 676 Haw Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Maryland (b)
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 676 Haw Av (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Maker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rosa Maker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/20-'81

8. AGE: Years 61 60 | Months Dec 00 | Days 16 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Maker
13. Birthplace ?

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Rosa Maker
(b) Address 676 Haw Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 | 10 | 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co. Md

18 (a) Funeral director Isaiah L Brownston
(b) Address 1956 Montgomery Street

MAR 9 – 1943 (Date rec'd by registrar) (b) Huntington Hollins Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6 19 43 at 1 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 19 43 to 3/6 19 43 and that I last saw h[illegible] alive on 3/6 19 43

Immediate cause of death — Duration
Aortic Insufficiency
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Burkett M. D.
Address 734 W Mt Royal Ave Date signed

G 01965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 01965

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1009 W. Hanover St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Marie Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1899

8. AGE: Years	Months	Days	If less than one day
43	8	27	hr. min.

9. Birthplace Pomaria S.C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Glenn Bates

13. Birthplace Pomaria S.C.

MOTHER

14. Maiden Name Laura Bowers

15. Birthplace Pomaria S.C.

16 (a) Informant Annie Bates (Sister)

(b) Address 1009 W. Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)

(c) Cemetery or crematory South Carolina

Location Columbia S.C.

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) [illegible] (b) [illegible] Williamsburg Md

MAR 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 11 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1943, to March 8 1943, and that I last saw her alive on March 8 1943.

Immediate cause of death: Diabetic Acidosis — Duration: 4 days

Due to

Due to: Diabetes Mellitus

Other Conditions: Diabetic Coma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. G. Banfield M. D.

Address Provident Hospital Date signed 3-9-43

G 01966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01966

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 N. 51st St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H Ellington

3 (b) If veteran, name war: Unknown
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced:
6 (b) Name of husband or wife: Mary Lawn
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 9, 1900
8. AGE: Years 42 Months 4 Days 29 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Foreman Painter
11. Industry or business S.B. Oster Co.
FATHER 12. Name Samuel Ellington
FATHER 13. Birthplace Virginia
MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace
16 (a) Informant Mary Ellington
(b) Address 136 N. 51st St. Phila. Pa.
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Location Philadelphia, Pennsylvania
18 (a) Funeral director William Rank, Inc.
(b) Address 1217 St. Paul Street
MAR 9 - 1943 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 3:50 P M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute dilatation of heart — Duration:
Due to: Myocardial fibrosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fraham M.D. Medical Examiner.
Date signed March 9 1943

VS 6

G 01967

JL 29807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01967 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da
(e) Length of stay in Baltimore (yrs., mos., or days) 5½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 N. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Svitil, or Sbitil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1877

8. AGE: Years	Months	Days	If less than one day
65	3	17	hr. min.

9. Birthplace Austria Hungry (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name John Szaphko
13. Birthplace Austria Hungry

MOTHER
14. Maiden Name Sophia Gotzse
15. Birthplace Austria Hungry

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 12 - 43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd.

18 (a) Funeral director John G. Connelly
(b) Address 458 Eastern Ave.

19 (a) [illegible] (Signature of local registrar) Registrar

MAR 9

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1943 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1943 to 3-8 1943 and that I last saw her alive on 3/8 1943

Immediate cause of death	Duration
Bronchopneumonia	48 hrs
due to Diabetic gangrene 2d. toe	6 wks
Due to Diabetic mellitus	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation 2-25-43

Major findings of operation: Gangrene. Supracondylar amputation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Harry Haas M. D.
Address Balt. City Hosp. Date signed 3-8-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Use INDELIBLE PENCIL, WITH UNFADING INK.

G 01963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46 B

G 01963 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 N. Caroline St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Nathaniel Worrell

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C	Mo

6 (b) Name of husband or wife Ellen T. Worrell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1874

8. AGE: Years	Months	Days	If less than one day
69	-	28	hr. min.

9. Birthplace Barabodas, West Indies (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER 12. Name Not known
13. Birthplace

MOTHER 14. Maiden Name Not known
15. Birthplace

16 (a) Informant Ellen T. Worrell
(b) Address 503 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 9 (day) 43 (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley
MAR 9 - 1943 Huntingtown Anne Arundel Md.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1943, at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1942 to March 5 1943 and that I last saw h[illegible] alive on March 5 1943.

Immediate cause of death
Bronchopneumonia — Duration 2 days
Due to Gangrene of foot (Arteriosclerosis) — 8 weeks
Due to Carcinoma of Stomach

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Lefevre M. D.
Address 822 N. Bond Date signed 3/8/43

VS 8

G 01963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 01963
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N. Calhoun ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Witsell

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 14 1880

8. AGE: Years	Months	Days	If less than one day
63	1	22	hr. min.

9. Birthplace Augustine Florida (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Theodore Lewis
(b) Address 517 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/43 (month) (day) (year)
(c) Cemetery or crematory MT Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Druid Park Dr

19 (Date received by registrar) MAR 9 1943 Registrar's signature for William Gehr

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943 at 2:00 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed March 9 1943

VS 6

G 01970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G 01970 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Fort Carroll
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Etting Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Carl Washington

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Dorothy Washington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1922

8. AGE: Years	Months	Days	If less than one day
21		16	hr. min.

9. Birthplace Independence Kansas (Town, county, and state)
10. Usual Occupation U.S. Coast Guard
11. Industry or business

FATHER 12. Name Clarence Washington
13. Birthplace ?

MOTHER 14. Maiden Name Mary Clark
15. Birthplace ?

16. (a) Informant Dorothy Washington
(b) Address 1818 Etting St.

17. (a) Burial (b) Date thereof 3/10/43 (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Arlington Mem. Pk
Location

18 (a) Funeral director Robt. C. Walters
(b) Address 121 S. Stricker St.

19 (a) (Signature of Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7- 1943, at 4 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-4-43 at ? M
(c) Where did injury occur? Potapsco River Md Fort Carroll (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Found drowned

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 3-8-43

VS 8

G 01971 G 01971

BALTIMORE CITY HEALTH DEPARTMENT

T.N 80206 **CERTIFICATE OF DEATH** 1458 Registered No.

Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PERMANENT, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitlas
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Crimes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Katie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1872

8. AGE: Years	Months	Days	If less than one day
70	5	13	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Oliver Crimes
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Jones
15. Birthplace Va

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/11-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore County

18 (a) Funeral director Tate & Bridges
(b) Address 1408 Ashland Ave

19 (a) (Date received by local registrar) 1943 (Signature of local registrar) Wilhelmina Registrar

MAR 9

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1943 at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1943 to 3-7 1943 and that I last saw h[illegible] alive on 3-7 1943.

Immediate cause of death	Duration
Cardiac failure	7
Due to Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Rathbun M. D.
Address Balt. City Hosp Date signed 3-9-43

G 01972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 01972

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 S. Eaton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 S Eaton St, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard J. McNicholas

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-05-1887

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jennie S. McNichola

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Dec. 7, 1887

8. AGE: Years: 55 Months: 2 Days: 28 29 If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Mechanic

11. Industry or business: Beth. Steel Co.

FATHER
12. Name: Thomas J. McNicholas
13. Birthplace: Texas, Md.

MOTHER
14. Maiden Name: Bridget Hughes
15. Birthplace: Maryland.

16 (a) Informant: Mrs. Jennie S. McNicholas
(b) Address: 633 S. Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/10/1943 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Baltimore

18 (a) Funeral director: Wm. J. Hagan
(b) Address: 3000 E. Baltimor St.

19 (a) MAR 9 1943 (Date rec'd by registrar) (b) Phoenix, Baltimore Co., Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 6, 1943 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1942 to March 6 1943. and that I last saw him alive on March 4 1943

Immediate cause of death: Coronary Thrombosis

Due to: Arteriosclerosis

Due to:

Other Conditions: Obesity

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 5 years ? ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Allan C. Pitcairn M. D.

Address: 1939 N. Charles Date signed: 3/8/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 01973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. C 01973

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Union Bridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route #1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Stonesifer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/17/1942

8. AGE: Years 0 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Rose Stonesifer
13. Birthplace Md

MOTHER 14. Maiden Name Isabella V. Babylon
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address St. Agnes Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)

(c) Cemetery or crematory Bantz
Location Taneytown, Md

18 (a) Funeral director C. O. Bussard & Son
(b) Address Taneytown, Md.

MAR 10 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1943, to March 9 1943, and that I last saw her alive on 3/9 1943.

Immediate cause of death Broncho-pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Kathryn Rosenberg

Address St. Agnes Hosp. Date signed 3/10/43

(over)

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT WRITE PLAINLY, WITH UNFADING INK.

AG 01974

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH V740

G 01974 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Savage
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary German

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William German

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) March 16 1917

8. AGE: Years	Months	Days	If less than one day
25	11	22	hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Eldridge R. Simpson

13. Birthplace Va.

MOTHER 14. Maiden Name Evelyn L. Haward

15. Birthplace Md.

16 (a) Informant William German

(b) Address Savage Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/43 (month) (day) (year)

(c) Cemetery or crematory Savage
Location Savage Md.

18 (a) Funeral director Lloyd Kaser

(b) Address Laurel Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 7:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1943, to Mar 8 1943, and that I last saw h[illegible] alive on Mar 8 1943.

Immediate cause of death Acute myelogenous leukemia — Duration 6 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: [illegible] Bleeding from all mucous membranes

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elizabeth B. Shrink M. D.

Address University Hospital Date signed 3-8-43
Balto., Md

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 01975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46c

G 01975
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523. LINDEN AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town BALTIMORE.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523. LINDEN-AVE.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME JOHN CURRY.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-8690

4. Sex M

5. Color or race COL

6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife JOSEPHENE.

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 5-6-1888.

8. AGE: Years 54 | Months 10 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace VIRGINIA
(Town, county, and state)

10. Usual Occupation JANITOR

11. Industry or business —

FATHER
12. Name UNKNOWN.
13. Birthplace

MOTHER
14. Maiden Name MARY JACKSON.
15. Birthplace VA.

16 (a) Informant JOSEPHENE CURRY
(b) Address 1523. LINDEN-AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-11-43 (month) (day) (year)
(c) Cemetery or crematory MT. ZION CEMETRY.
Location BALTIMORE Md.

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) MAR 10 1943 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 8- 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1942 to Mar 8- 1943 and that I last saw h alive on Mar 7 1943.

Immediate cause of death Carcinoma of duodenum — Duration 2 yrs

Due to

Due to

Other Conditions Arteriosclerosis — unkn
Enlarged prostate
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas J. Kellon M. D.

Address 22 W. Monument St Date signed 3/10/43

VS 3

G 01976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 01976

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2938 Hymans Parkway
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Baltimore
(c) City or town Baltimore (If outside city or town limits, write Rural and give town)
(d) Street No. 2938 Parkway Hymans (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Bell

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Jean S. Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby. 15, 1862

8. AGE: Years	Months	Days	If less than one day
81	00	21	hr. min.

9. Birthplace Md (Town, county, and State)
10. Usual Occupation Retired Appraiser U.S.C.H.
11. Industry or business

FATHER
12. Name John J. Bell
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Hutchinson
15. Birthplace Nova Scotia

16 (a) Informant Marion B. Smith
(b) Address 3453 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11/43 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Cumberland, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) MAR 10 1943 (Date received by local registrar) Remaining for Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1943 to Mar 8 1943 and that I last saw him alive on Mar 8 1943.

Immediate cause of death Cerebral Hemorrhage, Rt temporo-parietal artery
Due to
Due to
Other Conditions Myocardial failure (Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration: 4 days

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elizabeth B. Shenill M. D.
Address University Hosp. Balto. Md. Date signed 3-8-43

VS 186

G 01977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

G 01977 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenmay & Charles
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apts (If rural give location) Charles & 34th.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia H. Starr

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Donaldson D. Starr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1860

8. AGE: Years	Months	Days	If less than one day
82	10	17	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Alfred Buck
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Amelia Groverman
15. Birthplace Baltimore, Md

16 (a) Informant Henritta W.G.Buck
(b) Address Greenmay Apts,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road 38 11

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) Filed MAR 10 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 9 19 43. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1943 to March 9 1943, and that I last saw h alive on March 9 19 43.

Immediate cause of death Myocarditis
Due to
Due to Arteriosclerosis
Other Conditions Hernia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 612 N 40 St Date signed

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT PLAINLY, WITH UNFADING INK.

430394
G 01973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

G 01973
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State S. AMER (b) County
(c) City or town SAN SALVADOR
(If outside city or town limits, write RURAL and give town)
(d) Street No. AMERICAN Legation
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY M. GADE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Female	white	Married

6 (b) Name of husband or wife GERHARD GADE
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 5-21-99

8. AGE: Years	Months	Days	If less than one day: hr.	min.
43	9	17		

9. Birthplace N.Y.
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business ✓

FATHER
12. Name THOMAS WATTS
13. Birthplace ENGLAND

MOTHER
14. Maiden Name SARA POUND
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mch 10 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director John C. Rodell & Sons
(b) Address 1210 Eutaw Place Balto. Md.

19 (a) MAR 10 1943 (b)
(Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 9 1943, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1943 to MAR. 9. 1943, and that I last saw her alive on MAR 9 1943

Immediate cause of death

Due to Lupus erythematosus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laura L. Leporte M. D.
Address Johns Hopkins Hosp Date signed 3-9-43

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT IN ROUND, WITH UNFADING INK.

G 01979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 01979
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town 411 Scott Street, Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Scott Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GUY HAMILTON STANTON

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 385-144-52

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Helen Stanton

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.) 7/22/87

8. AGE: Years 55 | Months 7 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Shipyard employee

11. Industry or business Ship building

FATHER
12. Name Stanton (D)
13. Birthplace ?

MOTHER
14. Maiden Name Kate Hamilton (D)
15. Birthplace ?

16 (a) Informant Marine Hospital records
(b) Address Wyman Park Drive & 31st St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 3-11-43 (month) (day) (year)

(c) Cemetery or crematory Balto. Md.
Location Frederick Road

18 (a) Funeral director James L. McCauley
(b) Address 39 E. Pratt Ave.

19 (a) MAR 10 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1943, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 8, 1943, to Mar. 9, 1943, and that I last saw him alive on Mar. 9, 1943.

Immediate cause of death: Lobar pneumonia — Duration: Unk.

Due to: - — Duration: Ill 2 wks. prior to adm.

Due to: -

Other Conditions: -

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Archer

J. C. Archer, P.A. Surgeon, M.D.
Address USPHS, Balto., Md. Date signed 3/9/43

VS 150

No. 12836

G 01980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 01980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 S. Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 S. Gilmor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret M. Dorsey.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20. 1863

8. AGE: Years	Months	Days	If less than one day
79	11	16th	hr. min.

9. Birthplace England. (Town, county, and state)
10. Usual Occupation Library work.
11. Industry or business at home.

FATHER
12. Name Jerry O'Brien
13. Birthplace Ireland.

MOTHER
14. Maiden Name Julia King
15. Birthplace Ireland

16 (a) Informant Mrs. Grace Vogelsang
(b) Address 312 S Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/43 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem.
Location 1800 Frederick Ave

18 (a) Funeral director John F Cowan & Son
(b) Address 90-03 Hollins St.

19 (a) MAR 10 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8, 1943, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1943, to March 8 1943, and that I last saw him alive on March 8 1943.

Immediate cause of death	Duration
Cardiac failure	1 hr.
Due to Insanity	
Due to Senility	
Other Conditions Extreme Marasmus.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Tomorell M.D. M. D.
Address 910 N. Broadway Date signed March 9 43

VS 3

C 01931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

C 01931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3128 Berkshire Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3128 Berkshire Rd. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME CORD HULSMANN

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Bettie E. Hulsmann
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 185?

8. AGE: Years 85 | Months 5 | Days 15/16 | If less than one day: hr. min.

9. Birthplace Denmark (Town, county, and state)
10. Usual Occupation Retired 30 yrs.
11. Industry or business Real Estate

FATHER
12. Name Cori Hulsmann
13. Birthplace Denmark

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Bettie E. Hulsmann
(b) Address 3128 Berkshire Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) MAR 10 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 11 0 M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 16 1943 through March 8 1943 and that I last saw him alive on March 8 1943.

Immediate cause of death: Chronic myocarditis — Duration: 3 years
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury None

23. Signature L. L. Leady M.D.
Address 5106 Harford Road Date signed 3/10/43

VS 280

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADING INK.

G 01992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G 01992

Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4417 Belview Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 4417 Belview Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FLORENCE MAY HILGARTNER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	no	female	white	married

6 (b) Name of husband or wife George G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1874

8. AGE: Years	Months	Days	If less than one day
69	0	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name James Whelen
13. Birthplace Toronto, Canada

MOTHER
14. Maiden Name Laura Hagner
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. George G. Hilgartner
(b) Address 4417 Belview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address [redacted] Md.

19 (a) MAR 10 1943 (Date rec'd by registrar) (Signature) E. Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 9, 1943 at 1:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to Mar. 1943, and that I last saw h.er alive on Mar 7 1943.

Immediate cause of death Uraemia — Duration
Due to Arterio-sclerosis
Due to Hypertension
Other Conditions (none)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Klenert M.D.
Address 4710 Liberty Hts. Date signed 3/9/43

G 01983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

Registered No. G 01983

1. PLACE OF DEATH: 127 W Hill St
(a) Baltimore City, Maryland
(b) Street address 127 W. Hill St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 W. Hill St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alberta Branch.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William Branch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Pack
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Julia Hamp
15. Birthplace Baltimore, Md.

16 (a) Informant William Branch
(b) Address 127 W. Hill St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 10 43
(month) (day) (year)
(c) Cemetery or crematory Baltimore Md.
Location Pikesville, Md.

18 (a) Funeral director Walter B. Griggs
(b) Address 139 W. Hamburg St. Balto.

19 (a) MAR 10 1943 Frontier Fire Insurance, Inc.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1943 to Mch 7 1943.
and that I last saw h[illegible] alive on Mch 6 1943

Immediate cause of death
Acute Cholecystitis.
Due to Hypertension

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
6 D
2 Y

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature B. N. Stefatos M. D.
Address 1715 Pine St. Date signed 3/9/43

VS 1

C 01984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

C 01984
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Sts
(c) Hospital or institution: Union Memorial Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3/4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3728 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country —

3 (a) FULL NAME Mrs. Anna Kline Walker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	W.	Widowed

6 (b) Name of husband Samuel T. Walker
6 (c) If alive, give age (d.) years

7. Birth date of deceased (mo., day, yr.) OCT. 17, 1871

8. AGE: Years	Months	Days	If less than one day
71	4	27	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Jacob Kline
13. Birthplace Germany.

MOTHER
14. Maiden Name ? Grow
15. Birthplace Pa ?

16 (a) Informant Hosp. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Md
Location Washington Co. Md.

18 (a) Funeral director W. J. Cook Inc
(b) Address 1217 St. Paul St

19 (a) MAR 10 1943 Huntington Williamsport, Md

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th 1943, at 4:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9th 1943 to March 9th 1943, and that I last saw her alive on Mar. 10 1943.

Immediate cause of death	Duration
Cardiac failure	—
Due to Resp. failure	24 mins.
Due to Cerebral accident.	5 hrs.
Other Conditions Hypertension.	7

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin E. Lyle, M.D.
Address Union Memorial Hosp Date signed 3-4-43

Robert Lee Graham M.D.
Asst. Medical Examiner

IMPORTANT—PLEASE PRINT CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 150

G 01985 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2457 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Conaway

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Bailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1888

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	5	18		

9. Birthplace Eastern, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas C. Jenkins
13. Birthplace Cayton, Md

MOTHER
14. Maiden Name Irene Green
15. Birthplace Eastern, Md.

16 (a) Informant Bailey Conaway
(b) Address 2457 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-1943 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAR 10 1943 (b) Huntington Nathaniel [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1942 to March 7 1943 and that I last saw her alive on March 7 1943.

Immediate cause of death: Carcinoma of Lung — Duration: 8 months

Due to: Metastasis to — 1941

Due to: Carcinoma of Left Breast

Other Conditions: Malignant Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Harris

Address 1207 N Carrollton Ave Date signed Mar 9 1943

G 01956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

G 01956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Radland.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County C
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2605 E. Forsythe Av.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN J. SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	212-01-2835

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11 1896

8. AGE: Years	Months	Days	If less than one day
46	4	25	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business H. P. Hearn Co.

FATHER
12. Name James J. Smith
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary E. Dorney
15. Birthplace Balto Md.

16 (a) Informant Elsie Smith
(b) Address 2605 E. Forsythe Av.

17 (a) Burial (b) Date thereof March 13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Old Frederick Rd.

18 (a) Funeral director John A. Jordan
(b) Address 2611 E. Balto. St.

19 (a) MAR 10 1943
(Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 19 43 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1943 to March 7 1943, and that I last saw her alive on March 7 19 43.

Immediate cause of death: Hypertensive Encephalopathy
Due to: Hypertensive C.V.D.
Due to:
Other Conditions: Carcinoma Fundus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Klatz M. D.
Address Sinai Hosp Date signed 3-9-43

VS 1

C 01997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

C 01997 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Penn St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kastantas Gus Labanauskas or Labanauskey

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-5605

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Not known

13. Birthplace Lithuania

MOTHER 14. Maiden Name Not known

15. Birthplace Lithuania

16 (a) Informant John A. Grabliauckas Jr

(b) Address 423 S. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Road

18 (a) Funeral director John A. Grabliauckas Jr

(b) Address 423 S. Paca St.

19 (a) MAR 10 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/7 1943 at 2 60 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Natural death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.

Date signed 3/7/43

VS 6

C 01988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1064

C 01988 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William K. Lambert

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 12, 1942

8. AGE: Years	Months	Days	If less than one day
	7	29	hr. min.

9. Birthplace Frimier W. Va
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Leonard Lambert
13. Birthplace W. Va

MOTHER
14. Maiden Name Marie Waldron
15. Birthplace W. Va

16 (a) Informant Leonard Lambert
(b) Address 2108 Eutaw Place

17 (a) Burial (b) Date thereof Mar 10/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave Gt.

18 (a) Funeral director Geo M. Fowler & Son
(b) Address 811 N Wolfe St

19 (a) MAR 10 1943 Huntington Williams M.E.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10- 1943, at 12 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Bronchitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-10-43

01999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 01999 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 Brune St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Brune St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	married

6 (b) Name of husband or wife Henry Turner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Northumberland Co. Va.
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richd Rockwell
13. Birthplace Va.

MOTHER
14. Maiden Name Ella Rockwell
15. Birthplace Va.

16 (a) Informant Henry Turner
(b) Address 712 Brune St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

(a) Date rec'd by registrar MAR 10 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8, 1943 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1943 to Mar 8 1943 and that I last saw h[illegible] alive on Mar 8. 1943

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to Arteriosclerosis	indef.
Due to	
Other Conditions Arthritis Hip	years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas J Keller M. D.
Address 744 W. Monument Date signed 3/10/43

G 01990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

G 01990 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Aliceanna St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country.

3 (a) FULL NAME Eleanor Riggs

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Irvin Riggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1915

8. AGE: Years	Months	Days	If less than one day
28		5	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ignatius Rybak
13. Birthplace Poland

MOTHER
14. Maiden Name Kazimiera Cutowska
15. Birthplace Poland

16 (a) Informant Ignatius Rybak, Father
(b) Address 2104 Aliceanna St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location German Hill Road

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

MAR 10 1943 (Date received by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 19 43, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 5 1943 to Mar. 8 1943 and that I last saw h alive on Mar. 8 1943.

Immediate cause of death	Duration
Tuberculosis	2 yrs
Due to (Over)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Valentine
Address 1932 N. Broadway Date signed 3/9/43 M. D.

G 01991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

Registered No. G 01991

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton Avenue
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baley, Falice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Febry. 27th 1943

8. AGE: Years	Months	Days	If less than one day
		10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Frank Falice Jr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Camelia Giordano
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Frank Falice Jr.
(b) Address 1039 Hollins St.

17 (a) Burial (b) Date thereof 3/11/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Keenan & Son
(b) Address 901 Hollins St.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943 at 10:35 M

21. I certify that death occurred on the date above stated, that I attended deceased from 2/27 1943 to 3/9 1943 and that I last saw alive on 3/9 1943

Immediate cause of death Enteritis - colitis & diarrhea

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Arthur Sonberg M.D.

Address St. Agnes Hosp. Date signed 3/9/43

VS 184

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 01992 ✓ Registered No. 121 D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green and Redwood
(c) Hospital or institution: University Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 W Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1921

8. AGE: Years	Months	Days	If less than one day
21	9	8	hr. min.

9. Birthplace Danville Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Mattie Gaines
15. Birthplace Va

16 (a) Informant Mattie Johnson
(b) Address 1613 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Milligan
(b) Address 932 N. Monroe St

19 (a) MAR 10 1943 (Date rec'd by registrar) (b) Hunter & Son Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 1 1943 to March 7 1943, and that I last saw h on alive on March 7 1943.

Immediate cause of death: Acute exacerbation of Chronic glomerular nephritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Raby M.D. M. D.

Address Date signed

Correct name, if known, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01993 (Registered No.) G 01993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Savage

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1916

8. AGE: Years	Months	Days	If less than one day
26	11	29	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Toby Savage
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Smith
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Patsy R Williams
(b) Address 322 N Schroeder St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

MAR 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1943 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1943 to 3-7 1943.
and that I last saw h alive on 3-7 1943.

Immediate cause of death Cardiac faction — Duration 7

Due to Rheumatic heart disease — Duration 1

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rattan M. D.

Address Balt. City Hosp Date signed 3-8-43

C 01994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

C 01994
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Balto. Md (If outside city or town limits, write "Co." and give town)
(d) Street No. 1526 N. Washington Ave. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME JESSE M. BIRCH

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-8847

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 2-1889

8. AGE: Years	Months	Days	If less than one day
53 54	11	7	..... hr. ..... min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Pole Foundry & Mach Co

FATHER
12. Name Joseph Birch
13. Birthplace England

MOTHER
14. Maiden Name Mary Conner
15. Birthplace Fredrick Md

16 (a) Informant Mr Joseph Amoss
(b) Address 1526 N Washington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13 43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Balto Md

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. — Hanover St

MAR 20 1943
(Date received by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 9 1943, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 21 1943 to 3 - 9 1943. and that I last saw h. alive on 3 - 9 1943.

Immediate cause of death Congestive heart failure

Due to Hypertension cardio-vascular disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations .....

of autopsy: .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature William J. Smith
Address 44 St Joseph Hosp Date signed 3/9/43

G 01995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 01995 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3732 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3732 Roland Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Edgar Reynolds

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-07-6956

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma B. Reynolds

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8- 1881

8. AGE: Years 61 | Months 5 | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Pennsylvania Railroad

FATHER
12. Name Joseph H. Reynolds
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice V. Gilpman
15. Birthplace Maryland

16 (a) Informant Mrs. Emma B. Reynolds
(b) Address 3732 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11-1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) [illegible] Huntington Williams, M.D.

MARKED 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 - 1943 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to March 8 1943. and that I last saw h alive on 3-6 1943.

Immediate cause of death Aortic dilatation of heart — Duration Four weeks

Due to Chronic myo-carditis — Duration 4 years

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Herbert M. Foster M. D.
Address 2824 St. Paul St Date signed 3-9-43

Please write plainly, WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01996

BALTIMORE CITY HEALTH DEPARTMENT

G 01996 Registered No.

CERTIFICATE OF DEATH 46B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: Lemmenway Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) mo 18d
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside corporate town limits, write RURAL and give town)
(d) Street No. 847 N. 36th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Clarence S. Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-9491

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Elizabeth M. Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10-1878

8. AGE: Years 64 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland Line Balto. Co. Md (Town, county, and state)

10. Usual Occupation Auto Mechanic

11. Industry or business

FATHER 12. Name Richard Lee

13. Birthplace Maryland

MOTHER 14. Maiden Name Julia A. MacDonald

15. Birthplace Maryland

16 (a) Informant Mrs Myrtle Coney

(b) Address Severna Park Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 1943 (month) (day) (year)

(c) Cemetery or crematory St. Marys Hampden

Location Baltimore Md

18 (a) Funeral director Horace E. Burgee

(b) Address 3631 Falls Road

19 (a) MAR 10 1943 (b) Registrar Wellington Williams

VB 184

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1943 to 3-9 1943 and that I last saw h alive on 19

Immediate cause of death Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Casey M.D.

Address Lemmenway Hosp Date signed 3-9

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01997 ✓ G 01997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2227 Wilkens Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Landis — G 70003 ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/1943

8. AGE: Years | Months | Days 21 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Myer
13. Birthplace Balto.

MOTHER
14. Maiden Name Lucille Landis
15. Birthplace Balto. Md.

16 (a) Informant Lucille Landis
(b) Address 2227 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Martin Saky & Sons
(b) Address 1827 W. North Ave.

19 (a) (Date received) (b) MAR 10 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1943 at 9:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1943 to 3/8 1943, and that I last saw her alive on 3/8 1943.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Cutten Rossberg
Address St. Agnes Hosp. Date signed 3/10/43

VS 156

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

C 01998
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Mt Hope Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna Morrissey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John E. Morrissey
6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant St. Agnes Hospital records
(b) Address Caton & Wilkens Aves

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 11 / 43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Tabor & Sons
(b) Address 1827 W. North Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9 19 43 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1943. to 3/9 1943.
and that I last saw h[illegible] alive on 3/9 1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Luther Longberg M. D.
Address St. Agnes Hosp Date signed 3/9/43

Correct name, PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 01999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 01999

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1800 Eaton Avenue

(c) Hospital or institution: Fontaine Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6700 Pikesville Road

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Bertha Raab

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
88			hr. min.

9. Birthplace Boston, Mass. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name William

13. Birthplace Ireland

MOTHER

14. Maiden Name Catharine Gordon

15. Birthplace Switzerland

16 (a) Informant Fontaine Memorial Hospital

(b) Address 1800 Eaton Ave, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Martin Gahagan

(b) 1000 North Ave.

19 (a) MAR 10 1943 (b) Huntington, W. Va. (Date rec'd by registrar) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943, at 6:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1942, to March 10 1943, and that I last saw her alive on March 9 1943.

Immediate cause of death: Lobar pneumonia

Due to

Due to

Other Conditions Arteriosclerotic C-V-D

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Arthur Rosberg, M.D.

Address St. Agnes Hosp. Date signed 3/10/43

G 02000

JL - 79595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

Registered No. G 02000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimoe (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Welcome Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Powell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Estelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1905

8. AGE: Years	Months	Days	If less than one day
37	2	19	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business Consolidated Fisher

FATHER
12. Name Joe Powell
13. Birthplace ?

MOTHER
14. Maiden Name Frances Gilbert
15. Birthplace Va

16 (a) Informant B. C. H Records
(b) Address 4940 Eastern Av

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 10 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAR 10 1943 (Date rec'd by registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14-43 19 24 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1943 to 2-13 1943, and that I last saw h/14 alive on 2-13 1943.

Immediate cause of death
Pulmonary Embolus
Due to Lesion of Pleura (Pneumonia)
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 2-5-43
Major findings of operation: Biopsy Pleura.
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto City Hosp Date signed 2-20-43

VS 150

19680

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02001 T.N 15583 — G 02001

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 13 yrs
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Caroline Beuscher

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1854

8. AGE: Years	Months	Days	If less than one day
89	?	?	hr. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business:

FATHER
12. Name: Valentine Beuscher
13. Birthplace: Germany

MOTHER
14. Maiden Name: Sarah
15. Birthplace: Pa.

16 (a) Informant:
(b) Address:

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: Location: UNIVERSITY MEDICAL SCHOOL MAR 10 1943

18 (a) Funeral director: Commissioner of Health
(b) Address:

19 MAR 10 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-23 1943, at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1938, to 2-23 1943, and that I last saw h[er] alive on 2-27 1943

Immediate cause of death: Cerebral thrombosis — Duration: ?

Due to: Generalized arteriosclerosis — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: W. K. Rathbun M. D.
Address: Balto. City Hosp. Date signed: 3-9-43

F 9881

C 02002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 02002 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 W. Saratoga St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda T. Gabel

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-07-6912

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1883

8. AGE: Years	Months	Days	If less than one day
60	—	10 1/2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Butler Bros.

FATHER 12. Name Conrad Gaebel
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Zinkhan
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Amelia Zwanziger
(b) Address 102 1 Carrollton ave

17 (a) Burial (b) Date thereof 3-11-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Frederick A Cole
(b) Address 1200 W Lombard St

19 (a) MAR 10 1943
(Date received by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943 at 11:39 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to Mar 7 1943 and that I last saw him alive on 3/3/43 19

Immediate cause of death	Duration
Uremia Catheterization	one day
Due to Ureteral Tuberculosis	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Gaston
Address 402 Edmondson Date signed 3/9/43

VS 3

G 02003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 02003 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully verified. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. William Zimmerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	W

6 (b) Name of husband or wife Late Mary T. Hovatter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1864

8. AGE: Years	Months	Days	If less than one day
78	4	17	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Mold maker
11. Industry or business Retired 8 yrs.

FATHER
12. Name Mathias Zimmerman
13. Birthplace New Jersey

MOTHER
14. Maiden Name Margaret Kirchenrower
15. Birthplace New Jersey

16 (a) Informant Mrs. E. Maria Schwartz
(b) Address 2006 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10/43 (month) (day) (year)
(c) Cemetery or crematory Hill Crest
Location Hartsdale New Jersey

18 (a) Funeral director Henry H. Steltzer
(b) Address 1101 E. Monument Ave.

MAR 10 1943 (Date received by registrar) (b) Filing [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to Mar. 8 1943 and that I last saw him alive on Mar. 8 1943.

Immediate cause of death	Duration
Bronchopneumonia	1 week
Due to Arteriosclerotic Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 3-8-43

VS 5

G 02004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02004 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 Nottingham Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Nottingham Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Jennie Sarah Harrow

3 (b) If veteran, name war | 3 Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widow

6 (b) Name of husband or wife Late Thomas L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1874

8. AGE: Years	Months	Days	If less than one day
69	12	4	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business own Home

FATHER
12. Name Robt. S. Bullman
13. Birthplace Va.

MOTHER
14. Maiden Name Gunther
15. Birthplace Va.

16 (a) Informant Mrs. Tom. Wurtzberger
(b) Address 513 Nottingham Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitzie
(b) Address 4101 Edmondson Ave

MAR 10 1943 Huntington Williams, M.D.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9/43, 19, at 11.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2/43, 19, to 3/9/43, 19, and that I last saw her alive on 3/9/43, 19.

Immediate cause of death Coronary Thrombosis — Duration 6 days
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wayne R. Pennington M. D.
Address 614 Druid Park Drive Date signed 3/10/43

G 02005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B Registered No. G 02005

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St.
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 E. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Annie Esenbach (Annie Eschenbach.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles Esenbach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28-1888

8. AGE: Years 54 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business Own Home.

FATHER
12. Name Charles Schwartz
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Wagner
15. Birthplace Germany

16 (a) Informant Margaret J. Schultz
(b) Address 3421 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3901 Frederick Rd.

18 (a) Funeral director Hayes H. Withey
(b) Address 4131 E Monument St.

19 (a) [illegible] Huntington Wire [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1943, at 1 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1943, to 3-9 1943, and that I last saw her alive on 3-9 1943.

Immediate cause of death Bronchopneumonia
Contusion of Lung
Septicemia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings of operation

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Franklin Sq Date signed

G 02006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 877

G 02006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution: General German Aged People's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 22 S. Athol Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thusnelda Marie Emilie Askelm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 27, 1867
8. AGE: Years 75 | Months 2 | Days 11 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Julius Askelm
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes Lassen
15. Birthplace Germany

16 (a) Informant Mr. J. Geo. Wahn Secty
(b) Address German Home - 22 S. Athol ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. + Longwood
18 (a) Funeral director Harry H. Mitzie
(b) Address 401 Edmondson Ave.
19 MAR 10 1943 Huntington Hobbins

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10/43. 19 , at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 1/43 19 Mch. 10/43 19 .
and that I last saw her alive on Mch. 5/43 19 .

Immediate cause of death — Duration

Multiple Sclerosis Unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wards Chiari M. D.
Address 933 Haven Date signed Mch 10/43.

VS 150

C 02057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. C 02057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Schroeder St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Clements

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	married

6 (b) Name of husband or wife Frank Clements
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19[illegible]

8. AGE: Years	Months	Days	If less than one day
29	8		hr. min.

9. Birthplace Amelia Va
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Augusta Thompson
13. Birthplace Va

MOTHER 14. Maiden Name Rosa Draper
15. Birthplace Va

16 (a) Informant Frank Clements
(b) Address 211 N Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 11 1943 (month) (day) (year)
(c) Cemetery or crematory Richmond, Virginia
Location

18 (a) Funeral director Mrs Hattie R Williams
(b) Address 322 N Schroeder St Huntingdon 1943 MAR 11 P.M.

MAR 11 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

19. DATE OF DEATH March 7 1943, at 12 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said partial autopsy and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

	Duration
Immediate cause of death Subarachnoid Hemorrhage, spontaneous	
Due to Ruptured aneurysm of left middle Cerebral	
Due to artery	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: partial (Brain only)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 9 1943

VS 6

C 02008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

C 02008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Certificate must be filled out correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 443 S. Bentalow
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 443 S. Bentalow St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Kirchner

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-9665

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Augusta M. Kirchner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 5-1872

8. AGE: Years 71 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Valentine Kirchner

13. Birthplace Germany.

MOTHER 14. Maiden Name Marie Schaefe

15. Birthplace Germany.

16 (a) Informant Mrs. Augusta M. Kirchner

(b) Address 443 S. Bentalow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12-1943 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Balto County Md.

18 (a) Funeral director George L. Schwartz

(b) Address 7106 Frederick Ave

19 (a) MAR 11 1943 (Date rec'd by registrar) (b) Huntington Williams Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9th 1943 at 4:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Nov 9 1943, and that I last saw h[illegible] alive on Nov 9, 1943.

Immediate cause of death Chr. Nephritis — Duration

Due to

Due to

Other Conditions Chr Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Schwartz M.D.

Address 820 Mt St Balto Date signed 3/10/43

M. D. P. 1288-9

02009

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 02009

CERTIFICATE OF DEATH

Social Security 215-05-3596

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 S. Monastery ave St. 1 Ward) 926

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 8 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Hattie C. Sohn

(a) Residence: No. 145 S. Monastery Ave. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Carl Sohn

6. DATE OF BIRTH (month, day, year): Oct. 7-1900

7. AGE: Years 42 | Months 5 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Montgomery Ward Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent at this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John L. Voelkel

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Emma R Scharff

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Lenard L. Sohn

(Address) 145 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: May. 13. 1943

19. UNDERTAKER: George L. Schwab

(Address) 2101 Frederick Ave.

20. FILED: MAR 11 1943 Huntington Williams, M.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10. 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1942 to March 10 1943

I last saw her alive on March 8. 1943 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease & Mitral Stenosis	8 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J M Callens M.D. M. D.

(Address) 3321 Frederick Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Typewriting is preferred. Every item of information should be carefully supplied. AGE should be stated EXACTLY in years, months and days. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

G 02010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 02010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Apply the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 W OSTEND ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 W OSTEND ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NANNIE. G. DURKAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) APRIL 17 - 1859

8. AGE: Years	Months	Days	If less than one day
83	10	21 23	hr. min.

9. Birthplace IRELAND (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME.

FATHER
12. Name JAMES DURKAN
13. Birthplace IRELAND

MOTHER
14. Maiden Name NANCY. GALLAGHER
15. Birthplace PA.

16 (a) Informant CATHERINE BERRETT
(b) Address 1216 W OSTEND ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-13-43 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location BALTO. MD.

18 (a) Funeral director Bernard E Harlan
(b) Address 121 E West St

MAR 11 1943 (Date rec'd by registrar) (b) Huntington Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943, at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1943 to 3/10 1943 and that I last saw h alive on 3/10 1943.

Immediate cause of death: Acute Cardiac Failure — Duration 1 Da

Due to Hemorrhagic Enteritis — 1 days.

Due to Sclerotic Cardio Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L Lankarts
Address 629 Washington Blvd Date signed 3/11/43

C 02011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

C 02011

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians' Supplies. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 Herbert St.
(c) Hospital or institution:

15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Herbert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Moses White hill

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Essie Whitehill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1876

8. AGE: Years 67 | Months 1 | Days 15 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Stock Clerk.
11. Industry or business Meyer & Thalheimer.

FATHER
12. Name Abraham Whitehill,
13. Birthplace Germany.

MOTHER
14. Maiden Name Mollie Einstein,
15. Birthplace Germany.

16 (a) Informant Mrs. Essie Whitehill,
(b) Address 2106 Herbert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3.12.43. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son.
(b) Address 1902 Eutaw Place.

19 (a) [illegible] (Signature of Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1943, at 8:04 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquest)
obtained by said Inquest find that said deceased came (Autopsy or Inquest)
to death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-vascular-renal disease.

Duration:

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. Trimble M.D.
Medical Examiner.
Date signed 3/10/43.

V8 8

G 02012 ✓ G 02012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. Potomac St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARIE I. AMADIO

3 (b) If veteran, name war ----- | 3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Baby

6 (b) Name of husband or wife ********
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1942

8. AGE: Years	Months	Days	If less than one day
	5	11/3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Baby
11. Industry or business

MOTHER | FATHER
12. Name Ernest G. Amadio
13. Birthplace Baltimore, Md.
14. Maiden Name Olivia Bachman
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Ernest G. Amadio
(b) Address 127 S. Potomac St.

17 (a) Burial (b) Date thereof 3/II/1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore,

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.

19 (a) MAR 11 1943 (Date received by Registrar) Livingston Phillips, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1943, at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1943, to 3-9 1943, and that I last saw h[illegible] alive on 3-9 1943.

Immediate cause of death Infectious Diarrhea — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Leigh M. D.
Address St. Joseph's Hosp. Date signed 3/9/43

VS 3

G 02013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

✓ G 02013

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3802 Old York Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3802 Old York Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES A. PEED

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 214-14-9798

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Eliza W. Peed

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1872

8. AGE: Years 70 | Months 6 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Md. S. P. C. A.

FATHER

12. Name John W. Peed

13. Birthplace Va.

MOTHER

14. Maiden Name Mary E. Townsend

15. Birthplace Va.

16 (a) Informant Miss Edna W. Peed

(b) Address 3802 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Baltimore, Md.

19 (a) MAR 11 1943 (Date rec'd by registrar) Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1943, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943 to 3/8 1943 and that I last saw h~~e~~ alive on 3/8 1943.

Immediate cause of death Probable ruptured oesophageal varices. Internal hemorrhage. — Duration Sudden

Due to Unknown. X-ray of chest negative.

Due to

Other Conditions Malnutrition. Chronic myocarditis

(Include pregnancy within 3 months of death)

Date of operation None.

Major findings of operation: —

of autopsy: —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Willis Greyton M.D. 963

Address Greenmount Ave. Date signed 3/10/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

G 02014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No.

G 02014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Taylor

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Wm. H. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1855

8. AGE: Years 87 | Months 3 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Deaconess - Emeritus
11. Industry or business Christ Eng. Luthern Chs

FATHER
12. Name George Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Schmidt
15. Birthplace Germany

16 (a) Informant Mr. Wm. H. Schaefer
(b) Address 620 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 11 1943 (Date received by Registrar)

Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943 at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1943 to Mar 10 1943 and that I last saw h[illegible] alive on Mar 10 1943.

Immediate cause of death Cerebrovascular accident — Duration

Due to Coronary insufficiency

Due to Cardiac hypertrophy

Other Conditions: Generalized arteriosclerosis, cardiac failure with edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elizabeth B. Stuneil M. D.
Address University Hosp., Baltimore, Md. Date signed 3-12-43

G 02015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 02015 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3421 Dillen Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 Dillen Street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME John Saffa
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Antonia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 86?

8. AGE: Years	Months	Days	If less than one day
76	2	9	hr. min.

9. Birthplace Austria, Hungary
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Anna Swieczkowski
(b) Address 3421 Dillen Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Graceland Park

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) MAR 11 1943 (Date rec'd by registrar) (b) Huntington Maryland

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1943 to 3-8 1943, and that I last saw h i m alive on 3-8 1943.

	Duration
Immediate cause of death, Uremia	7 months
Due to Benign Prostatic Hypertrophy → ?	
Due to Hyperf	
Other Conditions, Hypertensive Cardio Vascular Disease	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L V Dempsaker
Address W 41st Radio Station Date signed 3/8/43

G 02016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02016

Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Walter F. Penny

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Bertha D. Penny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23rd 1874

8. AGE: Years	Months	Days	If less than one day
68	7	17	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Road Foreman
11. Industry or business Balto. County

FATHER
12. Name Grafton Penny
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Hammel
15. Birthplace Md.

16 (a) Informant Walter W. Penny
(b) Address 2906 Edison Highway

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Asbury M.E.
Location Reisterstown Md

18 (a) Funeral director Wilkins Cook Inc
(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943, at 9:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1943 to March 10 1943, and that I last saw h alive on March 10 1943.

Immediate cause of death	Duration
Cerebral Hemmorrhage	
Due to Arteriosclerotic Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuehring M. D.
Address St. Joseph's Hosp. Date signed 3-10-43

G 02017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 126

G 02017 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1242 Tames St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ellen Carney
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Female	White	Married

6 (b) Name of husband Tames Carney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5th 1895

8. AGE: Years	Months	Days	If less than one day
47	4	3+	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name George Warfield
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Georgia Goodhart
15. Birthplace Eastern Shore, Md.

16 (a) Informant James Carney
(b) Address 1911 Letitia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 129 St. Paul St

19 (a) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1942 to March 9 1943, and that I last saw her alive on March 9 1943.

Immediate cause of death: Obstructive Jaundice — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Common duct Stone
Of autopsy Focal Biliary Necrosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James E. Goodman Jr. M. D.
Address Franklin Sq Hosp Date signed 3/9/43

VS 3

G 02018 ✓ G 02018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 M
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 N. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Warner Ochs

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 215-09-9240

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Charlotte Ochs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24th 1893

8. AGE: Years 49 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation Elevator Operator

11. Industry or business Edgar Tin Co.

FATHER
12. Name John Ochs
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Charlotte Ochs
(b) Address 1530 N. Patterson Park Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto Md.
Location "

18 (a) Funeral director William Cook Inc
(b) Address [illegible] St Paul St

19 (a) (Date rec'd by registrar) MAR 11 1943 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943, at 8:40 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1942 to March 9 1943, and that I last saw h[illegible] alive on March 8 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M.D.
Address 2200 E. Madison St Date signed 3/9/43

Huntington Williams

G 02019 9-

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02019 ✓ 1310 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4325 York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Yi
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4326 York Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary H Rice

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-22-1874

8. AGE: Years 68 | Months 3 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Home Keeper —

FATHER
12. Name James Rice
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McA Brennan
15. Birthplace Ireland

16 (a) Informant James Rice
(b) Address 4325 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-1943 (month) (day) (year)
(c) Cemetery or crematory St Mary Evans
Location

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E 32nd St

19 (a) ... (b) ... (Date received by registrar) (Registrar)

VS MAR 11 1943 Huntington Avenue

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 9th. 1943. at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/9/42 19... to 3/9/ 19 43.
and that I last saw her alive on Mar. 8th. 1943.

Immediate cause of death Myocardial Insufficiency — Duration 3 mos.

Due to Arteriosclerosis — unknown

Due to ——

Other Conditions Chronic Parenchymatous Nephritis — unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno W Montgomery III M.D.
Address 401 E. 25th. St. Date signed 3/11/43

G 02020 10-1220 G 02020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 Bartlett Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Bartlett Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Bradow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-16-1861

8. AGE: Years	Months	Days	If less than one day
81	9 10	6 24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business Housewife

FATHER
12. Name Michael Bradow
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary O'Hara
15. Birthplace Ireland

16 (a) Informant Julia Leyton
(b) Address 618 Bartlett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral director Mary M Wedefeld
(b) Address 201 E 102nd St

19 (a) MAR 11 1943 (Date received by Local Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943 to Feb. 7 1943 and that I last saw her alive on Feb. 7 1943

Immediate cause of death	Duration
(Terminal) Bronchopneumonia	1 wk.
Due to Myocarditis	many years
Due to Arteriosclerosis	
Other Conditions Chronic nephritis and advanced age	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Julia Leyton
Address 3812 Greenmount Ave Date signed March 11 '43

VS 180

Morgue

G 02021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

MAR 11 1943

Registered No. 136 G 02021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. OA.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MA. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank A. Cook

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1893

8. AGE: Years	Months	Days	If less than one day
50	—	-	hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Unknown
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11-1943 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Baltimore, Md.

18 (a) Funeral director H. W. Meagslow
(b) Address 805 N. Caswell St Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MAR 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1943, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an autopsy (Autopsy or inquiry) thereon and from the evidence obtained by said inquiry & autopsy (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic pulmonary tuberculosis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed Feb. 24 1943

G 02022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 02022 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 E.NORTH AVE.
(c) Hospital or institution:

9-09

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 E.NORTH AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES F.MOORE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	None	MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARCELLA MOORE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT.28 1869

8. AGE: Years	Months	Days	If less than one day
73	4	12 13	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation MACHINEST HELPER
11. Industry or business GAS & ELC.CO.

FATHER
12. Name THOMAS S.MOORE
13. Birthplace IRELAND

MOTHER
14. Maiden Name ELLEN REILEY
15. Birthplace IRELAND

16 (a) Informant MARCELLA C.MOORE (WIFE)
(b) Address 1213 E.NORTH AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Mar 12-43 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) MAR 11 1943 (Date received by Registrar) Registrar

VS 1

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH MAR. 10 1943 at 11/30

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3 1943 to 3/10 1943
and that I last saw h alive on 3/10 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 7 days
Due to Hypertension.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Sol Smith
Address 1223 E. North Ave. Date signed 3/10/43 M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 02023 — CERTIFICATE OF DEATH 50 — G 02023

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 S. Charles St St., ✓ Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Feit

If U.S. Veteran write WAR

(a) Residence: No. 911 S. Charles St. St., Ward. Social Security No. 215-01-2934

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46 yrs	8	4 17	

OCCUPATION

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Austria,

FATHER

13. NAME Bernard Feit,

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Fanny Goenbaum

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) Regina Feit 911 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 3-11-43

19. UNDERTAKER (Address) Jos. Lang Inc 1437 E. Balto St

20. FILED MAR 11 1943

Hunting to Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1943 to March 10, 1943

I last saw her alive on March 10, 1943 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1941
Generalized Carcinomatosis	Jan 1943
Cachexia	

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb, 1942

For what disease or injury? Carcinoma of left breast

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Israel Koen M. D.

(Address) 2413 E. Monument St

3/10/43

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. If less than one day state in hours or minutes. CAUSE OF DEATH in plain terms, so that it may be properly classified. Burial Permit will not be issued unless OCCUPATION is very important. See instructions on back of certificate.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

G 02024

CERTIFICATE OF DEATH 52 BG 02024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mt Sinai Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank H Oehlan

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Ella

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 68 70 | Months | Days | If less than one day hr. min.

9. Birthplace Prussia (Town, county, and state)

10. Usual Occupation Ale Salesman

11. Industry or business

FATHER: 12. Name Unknown
13. Birthplace R

MOTHER: 14. Maiden Name Unknown
15. Birthplace R

16 (a) Informant Ella Kier
(b) Address 1775 Ivyneale P. Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Henry Rom
Location Phila Pa

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto St.

19 (a) (Date received by Registrar) (b) Registrar

MAR 11 1943

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th 1943, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to March 9 1943 and that I last saw h alive on 19

Immediate cause of death Uremia
Malignancy of Bladder — Duration Few mos

Due to Cardiac Stenosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex A Weinstock M. D.
Address 4603 Kentucky Ave Date signed 3/9/43

Coroner

G 02025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

G 02025 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 N. Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give county)
(d) Street No. 1627 N. Payson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Sellossberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 40 | Months | Days | If less than one day: hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Max Marcus
13. Birthplace Russia

MOTHER
14. Maiden Name Mary
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phila Rd & Rowlandsburg

18 (a) Funeral director Jack Levy
(b) Address 1439 E. Balto St

19 (a) (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

MAR 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/11/43 19 , at 12:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7, 1942 to 3/11 1943, and that I last saw her alive on 3/11 1943.

Immediate cause of death: Carcinoma of Large Intestine with metastasis — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Cooper M. D.
Address 2107 Park Ave Date signed 3/11/43

Theodore Cooper

Form—3-16-39—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 02026

CERTIFICATE OF DEATH

13/a G 02026

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 266 Robert ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harrison L. Thompson

(a) RESIDENCE NO. 266 Robert ST., WARD 8.8.214-01-8027
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Wade Thompson

6 DATE OF BIRTH (month, day, and year) Nov 11-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hutzler Bros.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Levin Thompson

11 BIRTHPLACE OF FATHER (city or town) Easterin (State or country) Shore

12 MAIDEN NAME OF MOTHER Martha A. Phillips

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Hattie W Thompson (Address) 266 Robert St

15 Filed Huntington Williams, M. MAR 11 1943 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1943

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4 1942 to March 7 1943 that I last saw him alive on March 6 1943 and that death occurred, on the date stated above, at 12:10 Noon

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis & Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright M. D.

3/8 1943 (Address) 1209 Presbutarian St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Mem. Pk.

DATE OF BURIAL 3-11-1943

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill Ave

NOTICE—PHYSICIANS AND OTHERS—THIS IS A PERMANENT RECORD OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH should be carefully supplied.

G 02027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 02027

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5430 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5430 Belair Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Muth

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Anna Muth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 6 1859

8. AGE: Years	Months	Days	If less than one day
84	0	4	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Brewery Worker (Retired)
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Anna Muth
(b) Address: 5430 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Baltimore, Md.

18 (a) Funeral director: Lassahn Funeral Home
(b) Address: 7401 Belair Road

19 MAR 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10th, 1943, at 11:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943, to March 10 1943, and that I last saw h[im] alive on March 9 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 1 week
Due to: Generalized Artrio Sclerosis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Joseph Pokorny M.D.
Address 2200 E Madison Date signed 3/11/43

G 02028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G 02028 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll Co.
(c) City or town ~~Baltimore~~ Mt. Airy
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt. 5
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Porter

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-12-1293

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband~~ or wife Mollie Porter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1874

8. AGE: Years	Months	Days	If less than one day
68	6	27	hr. min.

9. Birthplace Waterville, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Benjamin Porter
13. Birthplace Frankinville, Md.

MOTHER
14. Maiden Name Margaret A. Zepp
15. Birthplace Waterville, Md.

16 (a) Informant Administrative History
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-43 (month) (day) (year)
(c) Cemetery or crematory Morgan Chapel
Location Day, Carroll Co. Maryland

18 (a) Funeral director C. M. Walls
(b) Address Westfield Md

19 (a) MAR 11 1943 (Date accepted) (b) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 19 43 at 7 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to March 10 1943, and that I last saw him alive on March 9 1943.

Immediate cause of death Pulmonary edema — Duration
Due to cardiac failure
Due to
Other Conditions Intestinal obstruction
Due to Carcinoma of Rectum
(Significant conditions contributory within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. P. Ritchings M. D.
Address Mercy Hospital Date signed 3/10/43

G 02029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G 02029 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2034 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2034 E North ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W Loney

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice Lonny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1856

8. AGE: Years	Months	Days	If less than one day
86	9	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Lonny
13. Birthplace Not Known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant: Alice J Lonny
(b) Address 2034 E. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave at Ross st

18 (a) Funeral director Henry Lutz
(b) Address 203 N. Broadway

19 (a) MAR 11 1943 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1935, to March 9, 1943, and that I last saw h alive on March 9, 1943.

Immediate cause of death Bronchopneumonia — Duration 2 day

Due to Arteriosclerotic Cardio-Vascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Weiss M.D. M. D.
Address 1929 E. Nord Ave. Date signed 3/10/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use separate sheet if necessary. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

C 02030 ✓ C 02030 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. If unknown, say so. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5507 Belair Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5507 Belair Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Kraeter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Philip Kraeter
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 17 1861

8. AGE: Years	Months	Days	If less than one day
81	9	21	hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER	12. Name John Kohlepp
	13. Birthplace NY
MOTHER	14. Maiden Name Dont Know
	15. Birthplace NY

16 (a) Informant: Mrs Thomas J Hoffstetter
(b) Address 1243 Broadway

17 (a) burial (b) Date thereof Mar 12 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Balto Co Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2005 Orleans St

19 (a) MAR 11 1943 Huntington Williams
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1943, at 5-15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Chronic Myocardial Degeneration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J Hoffstetter M.D.
Medical Examiner.
Date signed 3-10-43

C 02031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ C 02031 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 N. Brice St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 429 N. Brice St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN USZINSKY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known?

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Lithuanian (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name not known
13. Birthplace Lithuanian

MOTHER
14. Maiden Name not known
15. Birthplace Lithuanian

16 (a) Informant Mrs. Selma Zigmont
(b) Address 429 N. Brice St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 11-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director John A. Gruber & Son
(b) Address 423 S. Paca St

19 (a) MAR 11 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8/43 19 , at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1938 to 3/8 1943 and that I last saw h alive on 3/8 1943

Immediate cause of death Acute Cardiac Failure — Duration 1 Da
Due to Generalized Arteriosclerosis — Duration
Due to Selerosis Cardiovascular Disease — Duration 5 yr
Other Conditions

(Incl gle pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph B. Lauraitis M. D.
Address 679 Washington Blvd Date signed 3/10/43

VS 3

correct age is especially important. Physicians; please write the causes of death clearly and

G 02032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02032 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use a separate certificate for each death. The correct age is especially important. Physicians: please write the causes of death clearly and state duration.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 S. Highland ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL, Mrs EVDOKIA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	M

6 (b) Name of husband or wife ALPHONSE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Russian (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Fedor
13. Birthplace Russian

MOTHER
14. Maiden Name Elena Book
15. Birthplace Russian

16 (a) Informant Alphonse Michael
(b) Address 301 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12-43 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian Greek Catholic Cemetery
Location Arundel Co. Md.

18 (a) Funeral director John A. Vogelsang Jr.
(b) Address 423 S. Paca St

19 (a) MAR 11 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9-1943 at 1:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21-1943 to 3-9-1943 and that I last saw her alive on 3-9-1943.

Immediate cause of death	Duration
Hypertensive Heart Disease & Cardio-Renal Failure	
Due to Following Cerebral Thrombosis	
Due to Hypertensive Encephalopathy	12 hrs.
Other Conditions Uremia	

(Include pregnancy within 3 months of death)

Date of operation 2-25-43

Major findings of operation: Dark Gangrene Jaundice

Autopsy: Refused by Husband

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Smith M. D.
Address St. Joseph's Hosp. Date signed 3-9-43

VS 3

G 02033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 02033 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Do not leave blanks. Be sure to give correct age in years. Physicians: please write the causes of death clearly and correctly. Your certificate is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Clinton St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Martha H. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Divorced

6 (b) Name of husband or wife James Howard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1876

8. AGE: Years	Months	Days	If less than one day
67	-	2	hr. min.

9. Birthplace Calvert Co Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Rosetta Saunders
(b) Address 802 Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville-Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date received) MAR 11 1943 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 9 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1943, to Mar 7 1943 and that I last saw her alive on March 7 1943.

Immediate cause of death	Duration
Uremia	11 days
Due to Malignant Hypertension	
Due to	
Other Conditions Hemiplegia (Right) Arteriosclerosis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Banfield M. D.
Address Provident Hospital Date signed 3-8-43

G 02034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 02034 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1341 James St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) N/A
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1341 James St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christine Kumpf Keller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife F. Max Keller
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 7 1868

8. AGE: Years	Months	Days	If less than one day
74	4	—	hr. min.

9. Birthplace Thüringen, Germany (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Carl Kümpf
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Albert M. Keller
(b) Address 1341 James St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1700 W. Lombard St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1943, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1935 to Mar 7 1943 and that I last saw her alive on Mar. 7 1943.

	Duration
Immediate cause of death: Cerebral Haemorrhage	3/6/43
Due to: Hypertensive Cardio Vascular Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M.
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Carey Rostring M. D.
Address 326 W. Lombard St. Date signed 3/10/43

C 02035

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

64

C 02035
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 867 Vine Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 867 Vine Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin F. Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 28, 1940

8. AGE: Years	Months	Days	If less than one day
2	10	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Charles Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Hazel —
15. Birthplace Md.

16 (a) Informant Charles Williams
(b) Address 867 Vine Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 13 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Adolphus Hall
(b) Address 9 S Durst
19 MAR 11 1943 (b) Huntington Williams, M.R
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1943 at 3 44 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Status Thymicus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-10-43

VS 4

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be given if known or obtainable. Please write the causes of death clearly and correct age is especially important. Physicians: please write the causes of death clearly and

G 02036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30

G 02036 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME REUBEN CRAIG

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 25 1898
8. AGE: Years 44 | Months 2 | Days 12 | If less than one day hr. min.
9. Birthplace Richmond, Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Craig
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Miss Olivia Craig
(b) Address 205 McCulloh St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Adolphus Hall
(b) Address 9 N Druid Hill Ave
(Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 19 43 at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Peritonitis acute suppurative — Duration
Due to: Ruptured gastric ulcer
Due to:
Other Conditions: Aneurysm of descending aorta, syphilitic
(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Coroner Medical Examiner.
Date signed 3-8-43

MAR 11 1943

VS 6

G 02037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178A

Registered No. G 02037

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1916 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Jan Mierzejewski (MIERZEJEWSKI)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-7383

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
about 63			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business B.&O. Railroad

FATHER — 12. Name Karol Mierzejewski
13. Birthplace Poland

MOTHER — 14. Maiden Name Julia Wetlinska
15. Birthplace Poland

16 (a) Informant Mary Mierzejewski
(b) Address 1916 Eastern ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location

18 (a) Funeral director Wm. F. Fialkowski
(b) Address 2007 Eastern ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943, at 11 05 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or inquiry)
obtained by said inquest (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation — Duration
due to carbon monoxide
Due to illuminating gas.
Due to
Other Conditions
(Includes pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 9 1943 at M
(c) Where did injury occur? 1916 Eastern Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhaled illuminating gas.

23. Signature For C. R. L. Graham M.D.
Thomas J. Madden Medical Examiner.
Date signed

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Where unknown, write "unknown." Ages should be stated in years and the correct age is especially important. Physicians: please write the causes of death clearly and accurately.

#31599

C 02038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02038

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1321 E. Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earnest Best

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-30-42

8. AGE: Years | Months: 7 | Days: 9 | If less than one day: hr. min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name George Best
13. Birthplace D.C.

MOTHER
14. Maiden Name Dora Langley
15. Birthplace D.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. G. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott Daughter
(b) Address 1129 N. Caroline St

MAR 11 1943 (Registrar) (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 1943 to Mar 9 1943. and that I last saw h alive on Mar 9 1943.

Immediate cause of death: respiratory failure — Duration

Due to miliary tuberculosis

Due to

Other Conditions rickets

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert John Sheldon M.D.
Address Johns Hopkins Hosp Date signed 3/10/43

VS 150

G 02039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 02039

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert Street

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours

(e) Length of stay in Baltimore (yrs., mos., or days) 2 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1727 W Pratt St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Palmer. (WILLIAM P. PALMER)

3 (b) If veteran, name war None

3 (c) Social Security Account No. 193-03-0065

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth M Palmer

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 10 1886

8. AGE: Years 56 | Months 9 | Days 27 24 | If less than 1 day, hr. | min. | Birth date May 1886

9. Birthplace West Va. (Town, county, and state)

10. Usual Occupation Chipper Ship Yard

11. Industry or business

FATHER 12. Name Thomas Palmer

13. Birthplace ~~West Va.~~ WALES

MOTHER 14. Maiden Name ~~Mary~~ Elizabeth Watson

15. Birthplace ~~West Va.~~ Canada

16 (a) Informant Terry Palmer Son

(b) Address 2110 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11-1943 (month) (day) (year)

(c) Cemetery or crematory Republic Penna

Location

18 (a) Funeral director Roth & B. M. Walter

(b) Address Pratt & Stricker Sts

19 (a) (Date received by registrar) MAR 11 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943 at 3:05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1943 to March 11 1943 and that I last saw H M alive on March 8 1943

Immediate cause of death Cerebral Haemorrhage

Duration 7

Due to Cerebral Thrombosis Hypertension

Due to Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Matthew M Cox M. D.

Address Mercy Hosp Date signed

VS 150

G 02010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 02010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Fully spell out correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 421 E. Chase St

(c) Hospital or institution: At Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 421 E. Chase St (If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret J. McNamara

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/1882

8. AGE: Years 60 | Months 3 | Days 8 | If less than one day hr min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER 12. Name Patrick McNamara

13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen Redding

15. Birthplace Ireland

16 (a) Informant Mrs. Bull (Sister)

(b) Address 421 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13, 1943 (month) (day) (year)

(c) Cemetery or crematory St. Peters Cemetery

Location Maryland Ave

18 (a) Funeral director Elmer W. Conklin & Son

(b) Address 924 E. Eager St.

19 (c) MAR 11 1943 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10th, 1943, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9 1943, to 3/10 1943, and that I last saw her alive on 3/10 1943.

Immediate cause of death: Acute Cardiac failure — Duration

Due to: Ch Arteriosclerosis

Due to: Ch Myocarditis

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — at M
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury —

23. Signature A. F. Hornstein

Address 733 Argonne Dr Date signed 3/11/43 M. D.

G 02011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as far as known. The age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 N. Castle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Will

3 (b) If veteran, name war -

3 (c) Social Security Account No. 577-09-2852

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Victoria Will

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1895

8. AGE: Years	Months	Days	If less than one day
48	1	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Maintance Man

11. Industry or business Auto Shop

FATHER
12. Name George Will
13. Birthplace Baltimore

MOTHER
14. Maiden Name Haberkam
15. Birthplace Baltimore

16 (a) Informant T. Kimmelshue
(b) Address 1824 Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto. City.

18 (a) Funeral director Vernon Lemmon
(b) Address 611 Park Heights

19 (a) MAR 11 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 9 - 1943, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mullen M.D. Medical Examiner

Date signed 3-10-43

G 02012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 02012
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forrest St.
(c) Hospital or institution: Md. Penitentiary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 20
(e) Length of stay in Baltimore (yrs., mos., or days) ??

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 838 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Samuel Wallace

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1919

8. AGE: Years 23 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Wallace
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Nella ?? Wallace
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 11 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAR 11 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1943, at 8:07 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1942 to Feb. 26 1943.
and that I last saw h alive on Feb. 26 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond M. Cunningham M. D.
Address 10-20 Bernice Ave Date signed 2-[illegible]-43

F 9882

G 02043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

Registered No. G 02043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 N Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-16-6515

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18 1872

8. AGE: Years 71 | Months 0 | Days 18 | If less than one day: hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Carpenter

11. Industry or business

MOTHER / FATHER

12. Name Peter Edwards

13. Birthplace Baltimore

14. Maiden Name Emeline Stout

15. Birthplace Baltimore

16 (a) Informant Mrs Ruth

(b) Address 2101 Cold Spring Lane Balto Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL MAR 11 1943

Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) MAR 11 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943 at 10:24 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1943, to March 6 1943, and that I last saw h[illegible] alive on March 2 1943.

Immediate cause of death: Cardio-Renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Gutierman M.D.

Address 232 Reisterstown Rd Date signed 3/11/43

VS 150

9883

02044 Hebrony

BALTIMORE CITY HEALTH DEPARTMENT ✓ 02044

CERTIFICATE OF DEATH 107

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 N. Madeira
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Madeira St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Vaclav Michal ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Michal
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1857

8. AGE: Years	Months	Days	If less than one day
85	5	23 25	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Michal
13. Birthplace Bohemia

MOTHER
14. Maiden Name Magdalene —
15. Birthplace Bohemia

16 (a) Informant Mary Michal
(b) Address 420 N Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Brach & Son
(b) Address 900 N. Eutaw St (b) Licensed Embalmer for Baltimore, M.D.

MAR 11 1943 (Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943. to March 9 1943. and that I last saw h[illegible] alive on March 8 1943.

Immediate cause of death	Duration
Broncho Pneumonia	2 weeks
Due to	
Due to Aortic Sclerosis Generalized ?	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E. Madison Date signed 3/10/43

G 02015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

G 02015 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use "None" where necessary. If unknown, write "Unknown." Be sure to answer each question. Do not leave any blanks. Be as definite and correct as possible without delaying the funeral. Many questions are required by law and by the needs of statistics; all are important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 East St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 East St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-76

8. AGE: Years 67 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 11 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) MAR 11 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

1888

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1943, at 12 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death cerebral hemorrhage, spontaneous

Due to

Due to

Other Conditions Emaciation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner

Signed Feb. 12 1943.

G 02046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 02046 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 W. Lafayette Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Pendleton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1888

8. AGE: Years	Months	Days	If less than one day
54	11	17	hr. min.

9. Birthplace Charlestown, W. Va. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Tasa Pendleton
13. Birthplace

MOTHER
14. Maiden Name Virginia Johnson.
15. Birthplace

16 (a) Informant Mary Wheathers
(b) Address 634 W. Lafayette Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 11 1943
Commissioner of Health
18 (a) Funeral director
(b) Address
19 (a) MAR 11 1943 Lindsay for Williams, M.D. Registrar
(Date rec'd by registrar)

VS 8

9885

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 5 16 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1943, to Mar. 2 1943, and that I last saw h/him alive on March 2 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days.
Due to: Hypertensive Cardio Vascular Disease
Due to:
Other Conditions: Generalized Arterio-Sclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G Y Banfield M. D.
Address Provident Hospital Date signed 3-2-43

02017

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161C

G 02017 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 Amity St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Bl

6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 14, 1943

8. AGE: Years 0 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Florence Green
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 11 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAR 11 1943 Huntington Williams, M.D. Registrar
(Official title of registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1943 at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1943 to Feb. 16 1943, and that I last saw h-- alive on Feb 16 1943.

Immediate cause of death: Hemorrhagic disease of newborn

Duration: 2 days

Due to

Due to

Other Conditions: Prematurity
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. V. Palmer M. D.
Address University Hospital Date signed 3/4/43

B 9887

02048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 166a

C 02048

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Owings
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME "Baby" Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-43

8. AGE: Years	Months	Days	If less than one day
		1	7 hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Grant Wallace
13. Birthplace

MOTHER 14. Maiden Name Hilda Rawlings
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 11 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAR 11 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1943 at 7 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943 to March 4 1943 and that I last saw her alive on March 4 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to cerebral hemorrhage	
Due to Prematurity	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert John Sheldon
Address Johns Hopkins Hosp. Date signed 3/5/43

F 9888

G 02019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02019 Registered No. 3102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 Whitmore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Whitmore Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth C. Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William A. Brown
6 (c) If alive, give age 1872

7. Birth date of deceased (mo., day, yr.) February 20, 1872

8. AGE: Years	Months	Days	If less than one day
73	-	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Hill
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Elizabeth C. Davis
15. Birthplace Baltimore County, Md.

16 (a) Informant Mr. Scott H. Gerrity
(b) Address 1725 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Willis Lamozan
(b) Address 1003 W. ~~Baltimore St.~~ Huntington Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943, at 3.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1942, to Mar 9- 1943, and that I last saw her alive on Mar 8 1943.

Immediate cause of death	Duration
Due to Hyp. Valvular Heart Disease (mitral Insufficiency)	1940
Due to	
Other Conditions Ch. Interstitial nephritis (Include pregnancy within 3 months of death)	1940

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Paul Brown M. D.
Address 1663 W. North Ave. Date signed

(over)

G 02050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

G 02050
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 N. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Brenda H Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1942

8. AGE: Years — | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Howard Johnson
13. Birthplace Maryland

MOTHER 14. Maiden Name Dorothy Jean Carter
15. Birthplace Maryland

16 (a) informant Robert H. Johnson
(b) Address 1511 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Signature of Registrar) (b) Registrar

correct age is especially important. Physicians: please write the causes of death clearly and fully

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943, at 7 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry & autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death: Interstitial bronchial pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert H. Johnson M.D. Medical Examiner
Date signed March 11 1943.

G 02051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 63B

G 02051 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not use abbreviations. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary Levy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1900

8. AGE: Years	Months	Days	If less than one day
33	-	14	hr. 16 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER	12. Name Louis Cohen
	13. Birthplace Europe
MOTHER	14. Maiden Name Lena Yaspe
	15. Birthplace Europe

16 (a) Informant Louis Levy.
(b) Address 1822 E Fairmount ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12/43 (month) (day)
(c) Cemetery or crematory Helen Keeney Rem
Location Bowley's Lane
18 (a) Funeral director Sol Levinson Bros
(b) Address 1624-26 W Northam

MAR 11 1943
(Date rec'd by registrar) Huntington-Williams Mort.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/11 1943 at 11 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1943 to 3/11 1943 and that I last saw h[illegible] alive on 3/11 1943

Immediate cause of death Died during anesthetic from cardiac failure.
Due to
Due to Toxic goitre.
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 3/11/43
Major findings of operation: Subtotal thyroidectomy
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Cuccia M. D.
Address St Agnes' Hosp. Date signed 3/11/43
Howard J. Cuccia, M.D.

02052
JL- 79779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

C 02052 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da
(e) Length of stay in Baltimore (yrs., mos., or days) 23 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 N. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy (Olga) Kapyla

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1943

8. AGE: Years | Months | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jacob Kapyla
13. Birthplace Finland

MOTHER
14. Maiden Name Olga Brandt
15. Birthplace New York

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-10-43 (month) (day) (year)
(c) ~~Cemetery or~~ crematory at 9 AM
Location Balto City Hosp

18 (a) Funeral director
(b) Address 4940 Eastern Ave

MAR 12 1943 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 8 1943, at 7:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to Mar 8 1943, and that I last saw him alive on Mar 8 1943.

Immediate cause of death: Pneumonia. — Duration: 1 day

Due to: exhaustion of feeding.

Due to:

Other Conditions: Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: pneumonia - ? exhaustion

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathrun M. D.
Address Balto. City Hosp Date signed 3-10-43

C 02053 ✓ C 02053

AB-60021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. Item 3 correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE 2

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1028 N. Stricker St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Girl Spicer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24-1943

8. AGE: Years | Months | Days | If less than one day: 7 hr. min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Nathaniel Spicer

13. Birthplace N.C.

MOTHER

14. Maiden Name Dorothy Gaskins

15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-10-43 (month) (day) (year)

(c) Cemetery or crematory at 9 00 AM

Location Balto City Hosp

18 (a) Funeral director

(b) Address 4940 Eastern Ave

19 MAR 12 1943 (c) [illegible] Huntington Williams Mfr

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24th 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943 to Feb 24 1943 and that I last saw her alive on Feb. 24 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 12 hrs.

Due to Precipitate labor.

Due to

Other Conditions Atelectasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis C. Garcia M.D.

Address Baltimore City Hosp Date signed 2-2 1943

VS 180

C 02054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02054

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6209 Liberty Heights Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Gumpsman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-5355

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Separated

6 (b) Name of husband or wife: Margaret Gumpsman

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 11th 1943

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35	7	29		10

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation Special Officer
11. Industry or business Police Dept

FATHER
12. Name Charles Gumpsman
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Grace Kurtz
15. Birthplace Balto Md.

16 (a) Informant Mrs E. Sewell
(b) Address 6213 Liberty Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director William Cook Duc
(b) Address 1217 E. Pratt St

MAR 12 1943 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943, at 8:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/3 1943 to 10/3 1943, and that I last saw h/ living on 10/3 1943.

Immediate cause of death Pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions Pulmonary tuberculosis — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Loy W. Jameson M.D.
Address 711 Ben Hogg. Date signed 3/10/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

02055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓ S 02055 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Ditto marks are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2241 Cadley st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 / 43
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2241 Cadley st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond W. Thomas ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 5th 1942

8. AGE: Years	Months	Days	If less than one day
0	5	5	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Norman Thomas
13. Birthplace Md.

MOTHER 14. Maiden Name Catherine Clowney
15. Birthplace Md

16 (a) Informant Norman Thomas
(b) Address 2241 Cadley st.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Jr
(b) Address 1217 St. Paul st.
MAR 12 1943 Huntington Williams
(Date Rec'd by registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10th 1943 1:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1943 to March 10 1943 and that I last saw h[illegible] alive on March 10 1943

Immediate cause of death Meningicoccemia — Duration 4 hours

Due to Meningicoccus -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Leibfield M. D.
Address 201 Annapolis Rd Date signed

3/10/43

02056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

Registered No. G 02056

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 12-
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Waldorf Hotel 1829 N. Charles St. (If no street number, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Brooks Harter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband John R. Harter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20th 1908

8. AGE: Years	Months	Days	If less than one day
34	9	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Harry A. Keany
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Agnes L. Murphy
15. Birthplace Balto. Md.

16 (a) Informant John R. Harter
(b) Address Waldorf Hotel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St Paul St

MAR 12 1943 Huntington Williams M.D.
(Date received) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943, at 9.30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fatty degeneration of liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed March 11 1943.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

02057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121B

Registered No. C 02057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd
(c) Hospital or institution: 2nd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Harford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Grace Fossett

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-7932

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 21st 1876

8. AGE: Years	Months	Days	If less than one day
66	2	19	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Clay Fossett
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Margaret Brady
15. Birthplace Balto. Md.

16 (a) Informant John L. Whitney
(b) Address 708 E. 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1317 St. Paul St

MAR 12 1943
(Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Mar 10 1943, and that I last saw her alive on Mar 9 1943.

Immediate cause of death: Uremia — Duration: 5 days

Due to: Chronic nephritis — Duration: 6 months

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Dawson

Address 4808 Harford Rd Date signed 3/11/43

VS 180

02058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 02058 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for the Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Collison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed or divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 21st 1851

8. AGE: Years	Months	Days	If less than one day
91	8	20 18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Collison
13. Birthplace Talbott Co. Md.

MOTHER
14. Maiden Name Elizabeth Kone
15. Birthplace Balto. Md.

16 (a) Informant Norman D. Coates
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 MAR 12 1943 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11th 1943, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1943. to MARCH 10 1943. and that I last saw her alive on MARCH 10 1943.

Immediate cause of death Bronchial Pneumonia — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony J Danna M. D.
Address 800 W 33rd St Date signed 3-11-43

L 02059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 02059

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Light st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Light st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theodore Wesley Ramsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Alma N. Ramsey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7th 1890

8. AGE: Years	Months	Days	If less than one day
53	0	4	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business B+O R R

FATHER
12. Name Lewis N. Ramsey
13. Birthplace Georgia

MOTHER
14. Maiden Name Georgia Culpepper
15. Birthplace Georgia

16 (a) Informant Mrs Henry Zeigler
(b) Address Melmont Park, Pa.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery or crematory Morland Park
Location Parkville Md

18 (a) Funeral director Wickliam Cook Inc
(b) Address 127 St. Paul st

Huntington Williams M.D.
(Signature of registrar)
Registrar

MAR 12 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 11th 1943 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to Mar 11 1943, and that I last saw alive on Mar 10 1943.

Immediate cause of death

Exhaustion

Due to

Due to Pulmonary T.B.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4/9/43
2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H.E. Campbell M.D.

Address 1644 Hanover st Date signed 3/11/43

82060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. C 82060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 263 W. 31st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 263 W. 31st St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Elizabeth Slade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, ~~divorced~~
Female	White	Married

6 (b) Name of husband Lewis Franklin Slade
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26th 1862

8. AGE: Years	Months	Days	If less than one day
80	10	14	hr. min.

9. Birthplace Marysville Pa
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER	12. Name Unknown Rhodes
	13. Birthplace "
MOTHER	14. Maiden Name Susie "
	15. Birthplace "

16 (a) Informant Lewis Franklin Slade
(b) Address 263 W. 31st St
17 (a) Burial (b) Date thereof 3/13/43
(Burial, ~~cremation, removal~~) (month) (day) (year)
(c) Cemetery ~~Woodlawn~~ Chapel
Location Balto. Co. Md.
18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St
19 MAR 12 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1943. to March 10 1943.
and that I last saw her alive on March 10 1943.

Immediate cause of death Myocarditis
Acute Dilitation
Due to Unknown.
Due to
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
Probably 3 or 4 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Conrad Bode M. D.
Address 1900 Maryland Ave. Date signed 3-11-43

VS 184

C 02061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 02061 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 Oakdale Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) 82

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Oakdale Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Hill
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Grace Clarke
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 11, 1860

8. AGE: Years	Months	Days	If less than one day
82	3 2	27 29	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Peabody Institute

FATHER
12. Name Samuel Hill
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary MacKenzie
15. Birthplace Ireland

16 (a) Informant Ann D. Hill
(b) Address 207 Oakdale Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md
18 (a) Funeral director Henry M. Jenkins Sons Co
(b) Address McCulloh - Orchard Sts
19 (a) APR 12 1943 (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10-43 19 , at 7:00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1937 19 , to 3-10 1943 and that I last saw h[illegible] alive on 11-[illegible] 19 42 #
Immediate cause of death (a) ARTERIOSCLEROTIC HEART DISEASE — Duration 10 Yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John L. Toomey M. D.
Address 1129 St. Paul St. Date signed 3-11-43

vs 1# This man was seen at the time of death by Dr. Wm. H. Roody

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 02052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F. 02052

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 N 5712 Wimmer Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lotta M. Schillinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Martin Schillinger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1884

8. AGE: Years 59 | Months 1 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Manchester, Carroll Co Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Geo L Reagle
13. Birthplace Md

MOTHER
14. Maiden Name Florence Baring
15. Birthplace Md.

16 (a) Informant Geo L Reagle
(b) Address 915 W. 35th St.

17 (a) Woodlawn (b) Date thereof Mar 12 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Schemmel & Donaho
(b) Address 2615-17 Charles St Ave.

19 (a) MAR 12 1943 (Date Registered) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10-43 19 , at 8:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10- 1943, to 3-10 1943, and that I last saw h[illegible] alive on 3-10 1943.

Immediate cause of death: Hypertensive Cardio Vascular Disease
Auricular fibulation
Due to Arteriosclerosis
Due to [illegible]
Other Conditions Congestive heart failure
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lewis J. Goodman Jr. M. D.
Address Franklin Sq Date signed 3-10-43

correct age is especially important. Physicians: please write the cause of death clearly and

C 02063 80250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

02063 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARIUM RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Spark Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Casimir Glowacki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1896

8. AGE: Years	Months	Days	If less than one day
46	5 7	8 18	hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Glowacki
13. Birthplace Poland

MOTHER
14. Maiden Name Rose ?
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazgunter
(b) Address 1930 Eastern Ave

19 (a) (Signature of local registrar) (b)
MAR 2 1943
Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1943 at 8 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1943 to 3-9 1943 and that I last saw h alive on 3-9 1943.

Immediate cause of death: Lobar pneumonia — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-10-43

02064 JL- 86192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1107

C 02064 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ERRORS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Bloom St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Riley

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1851

8. AGE: Years	Months	Days	If less than one day: hr.	min.
91	2	18 16		1961

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Robert Riley
13. Birthplace Md.

MOTHER
14. Maiden Name Maria Coulter
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemaley
(b) Address 528 W. Biddle St.

MAR 12 1943
(Date rec'd by registrar) (c) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10 1943, at 6:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1943 to 3-10 1943, and that I last saw h[er] alive on 3-10 1943.

Immediate cause of death: Bronchopneumonia — Duration: 4 Days?

Due to: Generalized arteriosclerosis — ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-11-43

C 02065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

C 02065 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 W Lee St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Glorioso

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Josephine Testa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18 1876

8. AGE: Years	Months	Days	If less than one day
66	6	22	hr. min.

9. Birthplace Italy (State, county, and state)
10. Usual Occupation Fruit Merchant
11. Industry or business self

FATHER
12. Name Vincenzo Glorioso
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Concialosa
15. Birthplace Italy

16 (a) Informant Wife
(b) Address 130 W. Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13 - 43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 238 E. Baltimore St.

19 (a) [illegible] 1943 Huntingtor Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943, at 8 15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1943 to March 9 1943 and that I last saw h[illegible] alive on March 9 1943.

Immediate cause of death	Duration
(a) Acute Cardiac Dilatation	1 Day
Due to (b) Arteriosclerotic Cardio-Vascular Renal Disease	3 yrs.
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 3/12/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and

C 02066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

C 02066
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Homestead St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Homestead St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edmund Manner

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-1543

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12th 1905

8. AGE: Years	Months	Days	If less than one day
38	1	28	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Elevator Scraper

11. Industry or business

FATHER
12. Name Wm. Manner
13. Birthplace Md

MOTHER
14. Maiden Name Ida Howard
15. Birthplace Md

16 (a) Informant Mrs Harry Gladden
(b) Address 926 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15th 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park ave

19 (a) MAR 12 1943 (Date rec'd by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943, at 10 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said ~~inquest~~ autopsy and ~~inquiry~~ that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Chronic myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ~~no~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed March 11 1943

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and

C 02067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 832

C 02067 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 Myrtle Ave
(c) Hospital or institution:

17-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arabella Saunders

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widow

6 (b) Name of husband or wife Henry Saunders
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Davis
13. Birthplace Cambridge Md.

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Cambridge Md.

16 (a) Informant Hattie Brown
(b) Address 907 Myrtle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12- (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St.

19 (a) (b)

MAR 12 1943

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9- 1943. to March 9 1943 and that I last saw her alive on March 9, 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 mo 3 days
Coma	
Due to Cerebral Embolism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. White M. D.
Address 223 George Date signed 3-11-43

C 02068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02068 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N Calhoun St
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 Jackson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth A Hart

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife Mr Lester Hart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28 1903

8. AGE: Years 39 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Woodbrook Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John A. Phillips
13. Birthplace Maryland

MOTHER
14. Maiden Name Mande Sneisley
15. Birthplace Maryland

16 (a) Informant Mr Lester Hart
(b) Address 1743 Jackson St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville

18 (a) Funeral director William M Marack
(b) Address 715 Linden St

19 MAR 13 1943 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10/43 19 , at 4 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4/43 19 , to 3/10/43 19 , and that I last saw her alive on 3/10/43 19 .

Immediate cause of death Lymphocytic Leukemia — **Duration**

Due to

Due to

Other Conditions 1) Arthritis - Pleuro Pneumonia 2) Rheumatic C.V. Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 1) Enlarged Heart 2) Splenomegaly 3) Arthritis - Pleuro Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret Hartman
Address Franklin Square Hosp. Date signed 3/11/43

G 02069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 02069 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 N Castle St
(c) Hospital or institution:

6-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N Castle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Madalena Locke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Fred H Locke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/1868

8. AGE: Years 75 | Months 30 | Days 12 | If less than one day 9 hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name Adam Legh
13. Birthplace Germany

MOTHER 14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mrs Wm Legh
(b) Address 227 N Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 (month) (day) (year)

(c) Cemetery or crematory St Matthews Cem
Location West of Howard Co

18 (a) Funeral director
(b) Address 200 E Pleasant

19 (a) MAR 12 1943 (Date received) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943, at 5 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to March 11 1943, and that I last saw her alive on 3-11 1943.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 Days
Due to Arteriosclerosis	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M. P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J Lenk M.D.
Address 530 E Baltimore Date signed 3/13/43

VS 1

Physicians: please write the causes of death clearly and legibly. Underlining the cause in which death should be charged statistically is especially important.

Surgeon G 02070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G 02070

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 52 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Judson — Leach

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-1749

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Leola

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 1-10-1897

8. AGE: Years	Months	Days	If less than one day
46	2	-	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Defense work

FATHER
12. Name Daniel Stankhouse
13. Birthplace Virginia

MOTHER
14. Maiden Name Fannie ?
15. Birthplace Virginia

16 (a) Informant Luther Leach
(b) Address 419 N. Monument Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Maryland

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna. Ave.

19 (a) (Date received by registrar) MAR 12 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943 at 8:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of back

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Jan. 17 1943 at M
(c) Where did injury occur? Pearl & Franklin Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? Yes
(e) Means of injury Shot in back

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 11 1943

VS 6

G 02071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02071 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 S. Clinton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. Clinton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM TOWSON HUGHES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Annie F. Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25th 1865

8. AGE: Years	Months	Days	If less than one day
77	6	16	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name J. P. Hughes
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Wm. Beeken
(b) Address 126 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery or crematory Woodland Pk. Cem. Co.
Location Balto. Md

18 (a) Funeral director Wm. Cook
(b) Address W. Saratoga & Pentz Sts.

19 (a) MAR 12 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11th 1943, at 6:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 3-12-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 02072 T.N 80243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 02072 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-day
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Belt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Mosley

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3438

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Kate

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 29, 1888

8. AGE: Years	Months	Days	If less than one day
54	8 10	10	hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name John Mosley
13. Birthplace ?

MOTHER
14. Maiden Name Serah
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 3-13-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Washington Blvd.

18 (a) Funeral director John L. McCarthy
(b) Address 150 E Fayette St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 12 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1943 at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1943 to 3-9 1943, and that I last saw him alive on 3-9 1943.

Immediate cause of death	Duration
Pulmonary edema	day
Due to Arteriosclerotic H disease	?
Due to	
Other Conditions Pulmonary disease	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rollstin M. D.
Address Balt. City Hosp Date signed 3-10-43

G 02073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194a

G 02073 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Baltimore Cove. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter J. Fleckenstein

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-03-4294

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wilhelmina Fleckenstein

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept 14 1872

8. AGE: Years 70 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Unemployed.

11. Industry or business Retired Salesman

FATHER
12. Name John Fleckenstein
13. Birthplace Germany.

MOTHER
14. Maiden Name Emma Grossmann
15. Birthplace Germany.

16 (a) Informant Wife
(b) Address 3214 Baltimore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George Pabst Sons
(b) [redacted] Hunting for Williams

19 (a) MAR 12 1943 (Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943 4:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to March 11 1943 and that I last saw h[illegible] alive on March 11 1943

Immediate cause of death: Circulatory Collapse — Duration 1 hour

Due to: Coronary Sclerosis — 5 yrs

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Matthew M Cox M.D.
Address Mercy Hospital Date signed 3/11/43

C 02074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X C 02074 Registered No. 932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Hilltop Ln
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Bare Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Taylor Scott

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Louisa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
73	4	26		

9. Birthplace Bare Hill, Md. (Town, county, or state)

10. Usual Occupation Caretaker (Farm)

11. Industry or business

FATHER
12. Name James A. Scott
13. Birthplace Bare Hill, Md.

MOTHER
14. Maiden Name Anna Gough
15. Birthplace Bare Hill, Md.

16 (a) Informant Louisa Scott
(b) Address Bare Hill, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-1943 (month) (day) (year)
(c) Cemetery or crematory St. John
Location Upton, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date received by Registrar) (b) Registrar

MAR 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 10:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4- 1943, to 3-8 1943, and that I last saw h[illegible] alive on 3-8 1943.

Immediate cause of death Cardiac dilatation — Duration

Due to Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Harris

Address 1207 N. Carolina Date signed M. 3 D. 12 - 43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 02075 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 S. Bond st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Duffie Birt

3 (b) If veteran, name war

3 (c) Social Security Account No. 238-22-4638

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C	M.

6 (b) Name of husband or wife Viola Birt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17, 1904

8. AGE: Years	Months	Days	If less than one day
38	2	19	hr. min.

9. Birthplace N. C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Daniel Birt
13. Birthplace N. C

MOTHER
14. Maiden Name Holland Lofton
15. Birthplace N. C

16 (a) Informant Viola Birt
(b) Address 111 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Brantley Ave

19 (d) Huntington Williams, M.D.

MAR 12 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943 at 8:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1943 to March 8 1943 and that I last saw h alive on March 7 1943.

Immediate cause of death Lobar Pneumonia — Duration 1 day

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Silverstein M. D.

Address 27 S. Broadway Date signed March 13 1943

C 02076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 02076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 Lawrence St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-15
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Lawrence Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Kaufman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1863
8. AGE: Years 80 | Months | Days | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Washington
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachie Divas
15. Birthplace Maryland

16 (a) Informant Katherine Bonafa
(b) Address 241 Hook Rd Sharon Hill Pa.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore
18 (a) Funeral director George S. Nelson
(b) Address 1303 Pennsylvania Ave
19 (a) MAR 12 1943 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1943, at 3 39 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Arteriosclerotic Cardio-Vascular
Due to Diabetes
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Waldron M.D.
Medical Examiner.
Date signed 3-10-43

VS 6

G 02077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02077 Registered No. 330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 841 E. BELVEDERE AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 841 E BELVEDERE AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIA. M. MURN.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM	WHITE	MARRIED

6 (b) Name of husband or wife EDW. J MURN JR
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) APRIL-22 1897

8. AGE: Years	Months	Days	If less than one day
45	10	28	2 hr. min.

9. Birthplace BALTO. MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name JOHN. J. MOYLAN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARY A. DIGNAN.
15. Birthplace NEW YORK

16 (a) Informant EDW J. MURN JR
(b) Address 841 E BELVEDERE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-13-43 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location BALTO MD

18 (a) Funeral director Bernard C Hart
(b) Address 121 E Mad St

19 (a) MAR 12 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 10 1943 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1942 to Mar 10 1943.
and that I last saw h[illegible] alive on March 11 1943.

Immediate cause of death
Chron Myocarditis
Chron nephritis
Due to Secondary Anaemia
de Grupp
Due to Arteriosclerosis

Duration
1 yr 8 m
1 yr 0 m
1 yr 2 m
1 yr 2 m
1 yr 2 m

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. W. Bishop M. D.
Address 501 S Linden Ave Date signed March 11

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

C 02078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1860

C 02078 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bells Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KENNETH THOMPSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-14-7281

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 1924

8. AGE: Years	Months	Days	If less than one day
18	8	21	hr. min.

9. Birthplace Ellicott City, Md
(Town, county, and state)

10. Usual Occupation Elevator Protector Operator

11. Industry or business Burglar Alarms

FATHER
12. Name William Thompson
13. Birthplace Ellicott City Md.

MOTHER
14. Maiden Name Margaret A. Carey
15. Birthplace Maryland

16 (a) Informant William Thompson
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-43 (month) (day) (year)
(c) Cemetery or crematory God's Acre
Location Ellicott City Md

18 (a) Funeral director E. Raymond Clark Jr
(b) Address Ellicott City Md

19 (a) (Signature of registrar) (b) Huntington Williams M.D. Registrar

MAR 12 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11th 1943 at 7 05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/2

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 3-11-43 at 11 A.M.

(c) Where did injury occur? In front of 241 4. Florida Ave
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? yes
(Specify type of place)

(e) Means of injury Slipped + fell from ladder

23. Signature N Z Wallenmeier Asst. Medical Examiner. M.D.

Date signed 3-12-43

C 020799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 020799

Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Zinkand

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1860

8. AGE: Years	Months	Days	If less than one day
83	1	4	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Lawrence Zinkand

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Schwinger

15. Birthplace Germany

16 (a) Informant Mrs Margaret Connelly

(b) Address 2209 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard J. Ruppert

(b) Address 5305 Eastern Ave.

19 (a) MAR 12 1943 (Date rec'd by registrar) Washington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11, 1943, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8-1943 to 3-11-1943 and that I last saw alive on 3-11-1943.

Immediate cause of death Cardio-vascular-renal disease — Duration Unknown

Due to Arteriosclerosis

Due to

Other Conditions Hypertrophy of prostate

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sybert M. D.

Address 2607 Harford Rd Date signed 3-12-43

Morgue

G 02080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02080

170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 E. 28th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank L. Mattare

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-3560

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Helen C.
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 4/4/1880

8. AGE: Years	Months	Days	If less than one day
63	11	6	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Wood worker

11. Industry or business

FATHER
12. Name John Mattare
13. Birthplace Italy

MOTHER
14. Maiden Name Agnes Doyle
15. Birthplace Ireland

16 (a) Informant Bernard Mattare
(b) Address 1209 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard Flynn
(b) Address 1 Huntington Ave

MAR 12 1943

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943, at 8 P.M. KO

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Pneumothorax, bilateral; Pneumothorax left — Duration

Due to Fracture of ribs

Due to accident

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 9 1943 at 9 00 A.M.
(c) Where did injury occur? Killen & Hartford Rds.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? road While at work? no
(Specify true place)
(e) Means of injury Struck by truck

23. Signature Robert Lee Graham, M.D.
Medical Examiner.
Date signed March 11 1943

VS 6

C 02081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 02081 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-4
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DENT DOWNING

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 218 - 07 - 8384

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mazie A. Downing

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/12/1868

8. AGE: Years 74 | Months 4 | Days 29 | If less than one day: hr. min.

9. Birthplace Prince George's Co., Md. (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business Hecht Brothers

FATHER
12. Name John Z. Downing
13. Birthplace Charles Co., Md.

MOTHER
14. Maiden Name Elizabeth Richardson
15. Birthplace Prince George's Co., Md.

16 (a) Informant Mrs. Mazie Downing
(b) Address 809 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. View
Location Howard Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) MAR 12 1943 (Date received by Registrar) (b) Huntington Pettigrew M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11, 1943, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1943 to Mar. 11 1943; and that I last saw h alive on Mar 9 1943.

Immediate cause of death: Rt. Hemiplegia

Due to: Hypertension

Due to:

Other Conditions: Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hope E. Shannon M.D.
Address 920 Med. Arts Bldg. Date signed 3/14/43

C 02082

HEALTH DEPARTMENT—CITY OF BALTIMORE 02082

CERTIFICATE OF DEATH

X / 92a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 516 Fanbridge Rd St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. mo. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Lovallier Jessop — If U. S. Veteran specify WAR

(a) Residence: No. 114 Burkeaze - Towson, Md 27 Ward. Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Jolly Jessop

6. DATE OF BIRTH (month, day, year) May 10, 1868

7. AGE 74 Years | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop
10. Date deceased last worked at this occupation (month and year) about 8 yrs | 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Ashland - Balto Co. Md

FATHER
13. NAME Charles L. Jessop
14. BIRTHPLACE (city or town) (State or country) Ashland Balto Co Md

MOTHER
15. MAIDEN NAME Mary L. Polk
16. BIRTHPLACE (city or town) (State or country) Balto City Md

17. INFORMANT Daughter - Mrs Jeanie Jessop
(Address) 114 Burke Ave., Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Jessop Cem. Date 3/13/43 19

19. UNDERTAKER WM. J. TICKNER & SONS
(Address) Baltimore, Md.

20. FILED MAR 12 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1943 to March 10, 1943

I last saw him alive on March 10, 1943 Death is said to have occurred on the date stated above, at 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1 yr.
(Aortic, Mitral insufficiency)	
Other contributory causes of importance:	
Heart disease	1
Cardiac decompensate	1

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Hospital Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman Abbott M. D.

(Address) 3727 Greenmount Ave

C 02083 C 02083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 SHARP Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. SHARP Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Effie DONALDSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-1475

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1897

8. AGE: Years	Months	Days	If less than one day
45	5	28	hr. min.

9. Birthplace AURORA, N.C. (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name GEORGE DONALDSON
13. Birthplace AURORA, N.C.

MOTHER
14. Maiden Name MARTHA PRITCHETT
15. Birthplace AURORA, N.C.

16 (a) Informant RAINSHAW DONALDSON
(b) Address 901 LEADENHALL Street

17 (a) Burial (b) Date thereof 3/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A.Co. Md.

18 (a) Funeral director Isaiah R. Brown Son
(b) Address 1048 W Monteg omery Street

19 (a) MAR 12 1943 (b) Huntington Millard, M.D.
(Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1943, at 8 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1943 to 3/8 1943, and that I last saw him alive on 3/8 1943.

Immediate cause of death LOBAR PNEUMONIA

Duration Several weeks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Hunt M. D.
Address 1607 W. Mulberry St. Date signed 3/8/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

C 02084 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
Zurich, Switzerland
(a) ~~XXXX~~ (b) ~~XXXXX~~
(c) City or town Zurich, Switzerland (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Rennuee (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Switzerland

3 (a) FULL NAME CHRISTIAN LUIS KESSLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
For. Seaman	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Separated (M)

6 (b) Name of husband or wife Elsea Greiss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/11/1893

8. AGE: Years	Months	Days	If less than one day
50	-	-	- hr. - min.

9. Birthplace Switzerland (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business Sea

FATHER
12. Name Martin Kessler
13. Birthplace Switzerland

MOTHER
14. Maiden Name Elsea ?
15. Birthplace Switzerland

16 (a) Informant Records of U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 129 St. Paul st

APR 12 1943

(a) (b)
Name and address of registrar

VS 250

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH March 11, 1943, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13 1943, to 3/11/ 1943, and that I last saw him alive on March 11, 1943

Immediate cause of death Pulmonary thrombosis, left lower & right upper lobes

Due to Fractures, comminuted right femur, right os calcis, ~~XXXX~~ fracture 12th dorsal vertebra

Other Conditions Plueral effusion, left.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same as above.

Duration: Less than 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 13, 1943 at 3 P M
(c) Where did injury occur? U.S. Sabotage / Battleship Seal Dragebank (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~~XXXXXXXXXX~~ While at work? Yes
(Specify type of place)
(e) Means of injury Fell down stairway

23. Signature W. S. Bean, Medical Director M.D.
Address U.S.Marine Hosp. Date signed 3/11/43

No. 44305 7-2-Wallamsburg Va

G 02085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1959

G 02085 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1959 W. Franklin Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Harlem Avenue. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Quinn

3 (b) If veteran, name war: --

3 (c) Social Security Account No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ---

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) March 12th 1943

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day: hr. min. (6)

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James H. Quinn
13. Birthplace Georgia

MOTHER
14. Maiden Name Edna May Stricker
15. Birthplace Maryland

16 (a) Informant Mr. James H. Quinn
(b) Address 3014 Harlem Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) MAR 13 1943 (b) Huntington, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/43 19 , at M

21. I certify that death occurred on the date above stated, that I attended deceased from 3/11/43 19 to 3/12/43 19 and that I last saw h-- alive on 3/12/43

Immediate cause of death
Contusion of Stomach
Ruptured Duodenum due to
Due to Pneumonia Bronch.
about 6½ hours
Due to Fracture of skull

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration: about 6 hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Manner of injury

23. Signature: M. Estrook MD
Address 1923 W Mulberry St
Date signed 3/13/43

G 02086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 02086 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly. Physicians: please write the causes of death clearly and legibly. Items 20 to 23 are especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1841 N. Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 N. Milton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Shanley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of ~~husband~~ or wife Mary C. Brell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 20th, 1857
8. AGE: Years 86 | Months 0 | Days 19 | If less than one day hr. min.
9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wm. Shanley
13. Birthplace Ireland

MOTHER
14. Maiden Name Griffin
15. Birthplace Ireland

16 (a) Informant Miss Vera Shanley
(b) Address 1841 N. Milton Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)
(c) Cemetery or crematory St. Vincents
Location Balto. Md.
18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.
19 MAR 12 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11th 1943 at M
21. I certify that death occurred on the date above stated; that I attended deceased from 1943, to 3/11/ 1943, and that I last saw h~~im~~er alive on 19

	Duration
Immediate cause of death Cerebral Hemorrhage	2 weeks
Due to Cerebral Arteriosclerosis	8 years
Due to Generalized Arteriosclerosis	10 Years
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —
23. Signature Thomas F. Mills M. D.
Address 537 E. North Ave. Date signed

VS 3

C 02087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

C 02087 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bethlehem Fairfield Shipyard
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BLACK BURN HOGG

3 (b) If veteran, name war: World War N.1

3 (c) Social Security Account No. 234-05-4789

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Haney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 6, 1896

8. AGE: Years 46 | Months 4 | Days 5 | If less than one day: hr. min.

9. Birthplace: Roxana Ky. (Town, county, and state)

10. Usual Occupation: Ship Worker

11. Industry or business: Bethlehem Fairfield Shipyard

FATHER
12. Name: Steve Hogg
13. Birthplace

MOTHER
14. Maiden Name: Nancy Dean
15. Birthplace: Little York, Ky.

16 (a) Informant: Hubert N. Hogg (Son)
(b) Address: 431 N. Broadway, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (month) (day) (year)
(c) Cemetery or crematory: Hogg Family Lot
Location: Roxana Ky.

18 (a) Funeral director: Frank Della Haas
(b) Address: 52 W. Hoffman St.

MAR 12 1943 (b) Registrar

MEDICAL CERTIFICATION

19. DATE OF DEATH Mar. 11 1943, at 8:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull

Due to

Due to

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence 3-11-43 at 8 P.M.
(c) Where did injury occur? Bethlehem Fairfield Shipyard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury: fall from high place

23. Signature: H. L. Wallenweber M.D. Medical Examiner.

Date signed 3-12-43

VS 6

C 02088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02088 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lanvale & Lakewood Streets
(c) Hospital or institution: University Hospital 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Gambrills
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Claude W. Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edna nee Reynolds
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1916

8. AGE: Years	Months	Days	If less than one day
26	5	13	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Erector
11. Industry or business Bethelem Steel Co

FATHER
12. Name Henry Drayton Jackson
13. Birthplace Virginia

MOTHER
14. Maiden Name Sally Dye
15. Birthplace Virginia

16 (a) Informant Mrs. Edna Reynolds
(b) Address Gambrills, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Reynolds
Location Second Creek, Va.

18 (a) Funeral director Harry A. Hilke
(b) Address 410 E Lanvale St.

19 (a) MAR 13 1943 (b) Huntington Williamsport

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 23 1943 to March 12 1943 and that I last saw h in alive on March 12 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Staphylococcus septicemia	
Due to	
Other Conditions Rheumatic Heart disease	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. T. Raby M. D.
Address University Hospital Date signed

C 02089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 02089 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4123 Falls Road
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4123 Falls Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth A. Burrier

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James H. Burrier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 1-1875

8. AGE: Years 67 | Months 11 | Days 9 | If less than one day: hr. min.

9. Birthplace: Ellicott City, Howard Co. Md (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Henry Clark
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary Tyler
15. Birthplace: Maryland

16 (a) Informant: James H. Burrier
(b) Address: 4123 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 13-1943 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Maryland

18 (a) Funeral director: Horace H. Burgee
(b) Address: 3631 Falls Road

19 (a) (Signature) (b) Registrar

MAR 12 1943 Washington Wilkinson, M.D.
VS 194

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10- 1943, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to March 10 1943, and that I last saw him alive on March 9 1943

Immediate cause of death: Myocardial Failure — Duration: —
Due to: Hypertension — Duration: —
Due to: Gangrene of Left Great Toe — Duration: 2
Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Smith M. D.
Address 3429 Chestnut Ave Date signed Mar 12-43

C 02090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. C 02090

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if obtainable. Do not omit any item because you think it unimportant. Physicians: please write the causes of death clearly and legibly. Use typewriter if possible.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Druid Hill Ave
(c) Hospital or institution: Provident Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md, (If outside city or town limits, write RURAL and give town)
(d) Street No. 777 Worship St. (If rural give location)
(e) Citizen of foreign country? Waiscke (Yes or No) If yes, name country —

3 (a) FULL NAME Baby of Martha Chaney Twin No#2

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Aa	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-43

8. AGE: Years	Months	Days	If less than one day
0	0	0	1 hr. 20 min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER — 12. Name Elmer Dalton
FATHER — 13. Birthplace Norfolk, Va

MOTHER — 14. Maiden Name Martha Chaney
MOTHER — 15. Birthplace Norfolk, Va.

16 (a) Informant Mother
(b) Address 770 Waesche St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL MAR 11 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

MAR 11 1943
(Date rec'd by registrar)

19 (Signature) Washington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7- 1943, at 6 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7- 1943, to 19 , and that I last saw h er alive on 3-7 1943 at 5 45 P.M.

Immediate cause of death Atelectasis — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. W. Ashby Butler M. D.
Address PROVIDENT HOSPITAL Date signed

VS 3

1988

02091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

G 02091 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 237 Homestead St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lizzie Blake.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 23 hr. 22 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Hoston Blake.
13. Birthplace

MOTHER 14. Maiden Name Sarah Lillen Rider
15. Birthplace California.

16 (a) Informant Sarah Lillen Blake
(b) Address 133 Homestead St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 12 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAR 12 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25 1943 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1943 to 2/21 1943 and that I last saw h[illegible] alive on 2/25 1943.

Immediate cause of death Cerebral Hemorrhage. Duration 3 hrs.
Probable Embolism, Heart Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Cerebral Hemorrhage Acute endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wilson G. Deppe M. D.
Address Mercy Hospital Date signed 2/27/43

VS 150

9892

C 17252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 17252

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Gold Spring Lane
(c) Hospital or institution: Gold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County aa
(c) City or town Point Pleasant (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Keehner
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30, 1871

8. AGE: Years	Months	Days	If less than one day
71	3	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Gottlieb Keehner
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Kunnen
15. Birthplace Germany

16 (a) Informant Mrs Mamie Beine
(b) Address 1134 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director J. Vernon Keehner
(b) Address 2301 Edmondson Ave

19 (a) MAR 13 1943 (b) Hester Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943, at 4 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to March 11 1943, and that I last saw him alive on March 9 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Cutterman, M. D.
Address 2324 Reisterstown Rd Date signed 3/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

C 02003 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2626E.Baltimore St.
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2626 E.Baltimore St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph M.Smith

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 219-01-4715

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mamie LSmith

6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Mar 1 -1876

8. AGE: Years: 73 Months: - Days: 10 If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Retired;Mangr.

11. Industry or business: Candy Business

FATHER
12. Name: Michael Smith
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Elizabeth Rose
15. Birthplace: Holland

16 (a) Informant: Mrs Mamie L.Smith
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 15-43 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Old Frederick Road

18 (a) Funeral director: Chas. F. Evans & Son Inc.
(b) Address: 118 W.Mt.Royal Ave.

19 (a) MAR 12 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943, at 1a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1941, to March 11 1943, and that I last saw h alive on March 10 1943.

Immediate cause of death: Heart Failure Decompensated heart — Duration: 2 Days
Due to: Arteriosclerosis - angina spasms
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Mamie L Smith
Address 2607 E Balto St Date signed 3/11/43

02094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1932 Registered No. C 02094

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 W Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 W Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Tyler Tyler.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widow.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Bush
13. Birthplace Md

MOTHER
14. Maiden Name Sarah.
15. Birthplace Md

16 (a) Informant Ella Duffin.
(b) Address 705 W Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Annapolis Blvd

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Delaware St

19 (a) MAR 12 1943 Huntington Williams
(Date received) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943 at 11.05 P M

21. I certify that death occurred on the date above stated, that I attended deceased from March 1943. to March 6, 1943.
and that I last saw h[illegible] alive on March 6 1943.

Immediate cause of death Cardiac Collapse

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
6 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1711 Eutaw Pl Date signed 3/13/43

C 02095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

C 02095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3463 Cottage Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3463 Cottage Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Katzen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Simon Greenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Lena ?
15. Birthplace Russia

16 (a) Informant William Katzen
(b) Address 3463 Cottage Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Harmeton ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) Date received by registrar MAR 12 1943 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1943, at 11 00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941, to Mar 12 1943, and that I last saw her alive on Mar 12 1943.

Immediate cause of death	Duration
Recurrent attacks of acute coronary thrombosis	1 Short
Due to Arteriosclerosis	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
1943
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 2904 Reisterstown Rd Date signed 3/14/43

C 02096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 532

C 02096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo. 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Connecticut (b) County --
(c) City or town Meriden (If outside city or town limits, write RURAL and give town)
(d) Street No. 98 Orange Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT KROEBER, JR.

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 18, 1919
8. AGE: Years 23 | Months 7 | Days 24 | If less than one day - hr. min.
9. Birthplace: Meriden, Connecticut (Town, county, and state)
10. Usual Occupation: Seaman
11. Industry or business: S.S. Providence, N.Y.C.

FATHER
12. Name: Robert T. Kroeber
13. Birthplace: Meriden, Conn.

MOTHER
14. Maiden Name: Hattie Benson
15. Birthplace: Long Island, N.Y.

16 (a) Informant: Hosp. Records, Marine Hosp.
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15-43 (month) (day) (year)
(c) Cemetery or crematory: Walnut Grove
Location: Meriden Conn.

18 (a) Funeral director: A Reiley Slade
(b) Address: 4907 York Road

MAR 12 1943 (Date rec'd by registrar) (By) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22, 1943, to March 12, 1943, and that I last saw him alive on Mar. 12, 1943

Immediate cause of death: Lymphosarcoma — 3 Yrs 5 Mos — Duration: 3 yrs. 1 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? - (Specify type of place)
(e) Means of injury

23. Signature: J. C. Archer, P.A. Surgeon, USPHS
Address: Baltimore, Md. Date signed 3/12/43

VS 188

No. 43931

C 02097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

C 02097 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5102 Belleville Ave
(c) Hospital or institution:

28

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5102 Belleville Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Cecelia Hosfros

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8 1867

8. AGE: Years	Months	Days	If less than one day
75	4	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Lewis H.Hosfros
13. Birthplace Alsace Lorraine

MOTHER
14. Maiden Name Sarah E. O'Farrell
15. Birthplace Baltimore Md.

16 (a) Informant Alice R.Hosfros
(b) Address 5102 Belleville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Harry T. Thuneck
(b) Address 4204 Ridgewood Ave

19 (a) MAR 12 1943 (b) Huntington Williams M.D.
(Date received by registrar) (Signature of registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1943 at 11.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1943 to March 12 1943, and that I last saw h. w alive on March 10 1943.

Immediate cause of death Cardiac hypertrophy, mitral Regurgitation — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence. at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 1211 Eutaw Pl Date signed 3-12-43

C 02098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02098 Registered No. 1133a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 Bonaparte Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Bonaparte Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William James Brower

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband~~ or wife Laura V. Brower
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12th 1850

8. AGE: Years	Months	Days	If less than one day
92	11	29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William James Brower
13. Birthplace N.Y.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Cora Brooks
(b) Address 1202 N. Gay St.

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto. Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) MAR 12 1943 (b) Huntington Williams MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 11 1943 19 . at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 5 - 1943 to MAR 11 1943, and that I last saw h. alive on MAR 11 1943.

Immediate cause of death Cerebral Embolism and Uremia — Duration 6 days
Due to
Due to
Other Conditions Cystitis — 1 mo
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation
of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none (Specify type of place) While at work? none
(e) Means of injury none

23. Signature Elliott Burke M. D.
Address 928 E. North Ave Date signed MAR 12 19

02099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 02099 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs. 2 mos. 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: Miss Hallie Marion Wilmot
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 28, 1868

8. AGE: Years	Months	Days	If less than one day
76	-	11	13 hr. min.

9. Birthplace Champion, N. Y. (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business Teacher

FATHER
12. Name Eugene Edmund Wilmot
13. Birthplace Champion, N. Y.

MOTHER
14. Maiden Name Imogene Marion Russell
15. Birthplace Shelburne, Vermont

16 (a) Informant Home for Incurables records
(b) Address 700 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Williams Cook Co.
(b) Address 1218 Pennsylvania Ave.

MAR 12 1943 (Date filed by registrar) (b) Burial permit issued to Williams Co. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943, at 5-10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25th 1940, to March 11 1943, and that I last saw h or alive on Nov. 21st 1943.

Immediate cause of death	Duration
Acute myocardial insufficiency	5 minutes
Due to Hypertensive Cardio-Vascular Disease	9 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad Wolf, M. D.
Address 11 E. Chase St. Date signed 3/11/43

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. 02100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4605 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4605 Edmondson ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Eggleston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife: Late Wallace Eggleston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	10	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation None
11. Industry or business None

FATHER
12. Name James Boylan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherina Murphy
15. Birthplace Ireland

16 (a) Informant Miss M. Lillian Eggleston
(b) Address 4605 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Nitzke
(b) Address 410 Edmondson Ave.

19 MAR 13 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10/43, 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1934 to March 10 1943, and that I last saw h alive on March 10 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days

Due to: Cardio Vascular Renal Disease & Hypertension — 10 years

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edith W Johnson M. D.
Address 3432 Druid Hill Ave Date signed

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. C 02101 (also 02101 / 167)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 327 Pearl St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christina Clark (Cook)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	married

6 (b) Name of husband or wife John Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4 1905

8. AGE: Years	Months	Days	If less than one day
37	3	4	hr. min.

9. Birthplace Farmville - N.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Thadies Clark
13. Birthplace Bellhaven - N.C.

MOTHER
14. Maiden Name Jennie Hines
15. Birthplace Farmville - N.C.

16 (a) Informant Clifton Clark
(b) Address 717 Pierce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-43 (month) (day) (year)
(c) Cemetery or crematory Farmville
Location North Carolina

18 (a) Funeral director Mrs Katy R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAR 13 1943 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1943, at 7 10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Stab wound of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence March 8 1943 at 7 PM
(c) Where did injury occur? 610 W. Mulberry St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House While at work? No
(Specify type of place)
(e) Means of injury Stabbed

23. Signature Robert Lee Gretham M.D.
Medical Examiner.
Date signed March 9 1943.

VS 6

C 02102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

C 02102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 S. Washington ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard E. Miller

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1873

8. AGE: Years 69 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha Lancaster
15. Birthplace Baltimore Md.

16 (a) Informant Harriet Hergenrader
(b) Address 104 S. Covington Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/13/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location O'Donnell St.

18 (a) Funeral director M. W. E. Diggs & Sons
(b) Address Lombard & Ann Sts.

19 (a) MAR 13 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943, at 9:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his viewing & his postmortem (Autopsy or inquiry) thereon and from the evidence obtained by said his viewing & his inquiry (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed March 11 1943

C 02103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

C 02103

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1406 Hanover Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva F. Birrane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John C. Birrane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 23, 1868

8. AGE: Years	Months	Days	If less than one day
74	2	23/9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Frederick Hartman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs G. E. McCurdy
(b) Address 1406 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16, 43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Brooklyn A. A. Co. Md.

18 (a) Funeral director Flynn and Fleming
(b) Address 1422 Light Street.

19 (a) Huntington Williams, M.D. Registrar
(Date received by registrar) MAR 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to 3/12 1943 and that I last saw alive on 3/12 1943.

Immediate cause of death Carcinoma of the Rectum

Due to

Due to

Other Conditions Arteriosclerosis, Hypertension & Cerebral Apoplexy

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Birrane M.D.
Address 1337 S. Clarke St. Date signed 3/14/43

C 02104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

C 02104 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Fremont
(c) Hospital or institution: University Hospital 21-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 Eastern Ave (If rural give location)
(e) Citizen of foreign country? Retard (Yes or No) If yes, name country

3 (a) FULL NAME Mary R. Rose.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rufus Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21st

8. AGE: Years 47 | Months 3 | Days 20 | If less than one day: hr. min. 15

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name John T. Duke
13. Birthplace Virginia

MOTHER
14. Maiden Name Francis Woodward
15. Birthplace Virginia

16 (a) Informant Frank P. Duke
(b) Address 3492 Hilsdale Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 13 / 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto., Md.

18 (a) Funeral director Wm. Cook Jr.
(b) Address 1217 St Paul St.

19 MAR 13 1943 (b) Huntington Williams Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943, at 8 12 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 19 43 to March 11 19 43 and that I last saw h alive on March 11 19 43.

Immediate cause of death Uremia — Duration

Due to Metastatic malignancy

Due to Adenocarcinoma of rectum 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 1941 - abdomino-perineal
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Palmer M. D.
Address University Hospital Date signed 3/14/43

Major U.S.A. Gordon
Howard J. Taylor M.D.

C 02105
43302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02105
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 E. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Futado

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-20-35

8. AGE: Years 8 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Anderson Futado
13. Birthplace Portugal

MOTHER
14. Maiden Name Lillian Mason
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location A. Co. Md.

18 (a) Funeral director Robert Williams
(b) Address 1545 McElderry St

19 (a) MAR 13 1943 (Registered by registrar)
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1943 at 2.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11 1943. to Mar. 1 1943.
and that I last saw h[illegible] alive on Mar. 11 1943.

Immediate cause of death: Septicemia, Meningococcal — Duration 7 days

Due to Meningococci

Due to

Other Conditions Wolcharus-Tuberculosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Hemorrhagic Inflammation of Lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Demetrius M. Troggio M. D.
Address Johns Hopkins Hospital Date signed 3/12/43

C 02106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02106 Registered No. 1218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2219 W. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Rosa Weiss

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Louis Weiss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13th - 1867

8. AGE: Years	Months	Days	If less than one day
76	2	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Lillian J. Hunter
(b) Address 2219 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15-1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Lahmat
(b) Address 7101 Frederick Ave

19 (a) MAR 13 1943 (Date rec'd by registrar) Huntington-Williams Mfr. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943 at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1942, to March 12 1943, and that I last saw her alive on 3-12-1943.

Immediate cause of death Oedema of lung — Duration

Due to chronic nephritis

Due to valvular heart condition (stenosis)

Other Conditions chronic gastritis
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Seymour Perlo M. D.
Address 2202 N. North Ave. Date signed 3-13-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

198

Registered No. G 02197

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St
(c) Hospital or institution: Maryland Penitentiary 22-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs. 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 - So. Charles (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Ford

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Betty Baker Ford
6 (c) If alive, give age ??? years

7. Birth date of deceased (mo., day, yr.) April 12, 1910

8. AGE: Years	Months	Days	If less than one day
32	11	0	hr. min.

9. Birthplace Houston, Texas (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Arthur Ford
13. Birthplace Texas

MOTHER
14. Maiden Name Lillie M. Jones
15. Birthplace Miami, Fla.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 16-43 (month) (day) (year)
(c) Cemetery or crematory Not Calvary
Location a a Co. md

18 (a) Funeral director James A Stamos
(b) Address 342 W. Fayette St

19 MAR 13 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943 at 12 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943 to March 12 1943 and that I last saw him alive on March 12 1943.

Immediate cause of death	Duration
Dislocation of 5th cervical vertebra	
Due to Execution by hanging	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond M. Cunningham M. D.
Address 10 - So. Service Ave. Date signed 3-12-43

VS 180

FC 02108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

Registered No. C 02108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 1106 Rigg (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Walker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1908

8. AGE: Years	Months	Days	If less than one day
35	?	?	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER 12. Name William Walker
13. Birthplace Va.

MOTHER 14. Maiden Name Annie ?
15. Birthplace Va.

16 (a) Informant D. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Anacostia, Va
Location Va

18 (a) Funeral director Geo. S. Kelson
(b) Address 1303 Pressman St.

19 MAR 13 1943 (Date filed by registrar) Kingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1943 at 6:57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1943, to 3-11 1943, and that I last saw her alive on 3-11 1943.

Immediate cause of death Acute yellow atrophy of liver — Duration

Due to ?

Due to

Other Conditions Probable Syphilis; uterine fibroids (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kingston Williams M.D.
Address Baltimore City Hosp. Date signed 3/17/43

VS 150

C 02109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1216

C [illegible] No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Basement 1625 N. Monroe
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Pollard

3 (b) If veteran, name war -

3 (c) Social Security Account No. 213-16-5515

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widowed

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	7	10	18	8

9. Birthplace Gloucester Co. Va.
(Town, county, and state)

10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Emanuel Pollard
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Clara Jones
(b) Address 712 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Mrs. George H. Pollard
(b) Address 1631 Druid Hill Ave.

19 (a) (Date received) MAR 13 1943 (b) [illegible] Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12- 1943, at 6:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Autopsy or Inquiry)
obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular Renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 3-13-43

G 03810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 836 G 03810

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert A. Hilton

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1870

8. AGE: Years 73 | Months 32 | Days 7 | If less than one day hr. min.

9. Birthplace Harford Co. Md. (Town, county and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name Isaac Hilton
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Elizabeth Rigby
15. Birthplace Harford Co. Md.

16 (a) Informant Ruth Tucker
(b) Address 1207 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150 MAR 13 1943 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1943 at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1943 to March 10. and that I last saw h alive on March 10 1943.

Immediate cause of death Asphyxia

Due to Cerebral Hemorrhage

Due to arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugo S. Hawkins M. D.
Address 1202 Druid Hill Date signed 3-12-43

02111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. C 02111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 W SARATOGA St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 W Saratoga St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia R Lennart

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM	White	Widow

6 (b) Name of husband or wife Louis J. Lennart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21-186[illegible]

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	9	9		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name ? ZINKAND
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace Germany

16 (a) Informant Mrs Frank D Moylan
(b) Address 1805 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto

18 (a) Funeral director Bernard C Hart & Co
(b) Address 121 E Fayette St

19 (a) MAR 13 1943 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 1 1943, to March 12 1943, and that I last saw h.e.r. alive on March 11 1943.

Immediate cause of death: (a) Acute cardiac dilatation — Duration: 1 day
Due to: (b) Chronic myocarditis — 5 yrs
Due to: (c) Hypertension
Other Conditions: Chronic nephritis — 5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Calo
Address H M. Fulton Date signed M. D. 3/13/43

02112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 Myrtle Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Myrtle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Frances Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: C

6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/23/42

8. AGE: Years: Months: 10 | Days: 16 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Arthur Waters
13. Birthplace Md

MOTHER
14. Maiden Name Frances Fay
15. Birthplace Boonsboro Md.

16 (a) Informant Frances Waters
(b) Address 219 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) MAR 13 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11-43 19 , at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumococcus Meningitis	
Due to Lobar Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature per H. L. Wollenweber M.D.
Howard J. Madden Medical Examiner.
Date signed 3-13-43

VS 4

C 02113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No. C 02113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 5-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
2 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Calvert Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Cook

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1894

8. AGE: Years 48 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Maryland (City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar. 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs. Rated R. Williams
(b) Address 322 N. Schroeder St.

19 MAR 13 1943 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10- 1943, at 1 40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration
Fractured Skull
Due to
Due to
Other Conditions Meningitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 22
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan. 12-43 at 9.30 P M
(c) Where did injury occur? Light & Barre Streets
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fell from, struck by automobile

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-10-43

VS 6

G 02114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 02114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green + Redwood
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Weatherspoon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1939.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
3	9	14		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Ernest Weatherspoon, Sr.
13. Birthplace Jamestown S. C.

MOTHER
14. Maiden Name Lillian Mills
15. Birthplace Baltimore Md.

16 (a) Informant Ernest Weatherspoon
(b) Address 424 N Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) 372 N Schroeder St. Huntington Williams, Mgr.

19 (a) MAR 13 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 9 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943. to March 9 1943. and that I last saw h/M. alive on March 9, 1943.

Immediate cause of death	Duration
Tuberculous Meningitis	1 mo.
Due to Pulmonary Tuberculosis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Weeks, M. D.
Address Univ. Hospital Date signed 3-10-43

VS 186

G 02115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BB

Registered No. G 02115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 503 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 Argyle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME McKinley Fenwick 69507

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
?44				

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation odd jobs

11. Industry or business

FATHER
12. Name Hillary Fenwick
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Matthews
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 MAR 13 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 19 43 at 8:10P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1941, to Mar. 9 1943, and that I last saw h im alive on March 9 19 43.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Re above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S. Hart M. D.
Address Balto City Hosp Date signed 3/11/43

02145 0462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 90

C 02116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3223 Sun St Fairfield (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-9-43

8. AGE: Years	Months	Days	If less than one day: hr.	min.
1	6	1		

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Fowler
13. Birthplace Atlanta Ga

MOTHER
14. Maiden Name Lily Montgomery
15. Birthplace Sumter S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St.

19 MAR 13 1943 (c) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 10 1943 at 10 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1943 to MAR 10 1943 and that I last saw him alive on MAR 10 1943

Immediate cause of death Pneumococcal meningitis

Due to mastoiditis

Due to otitis media; due to scarlet fever in crisis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration 10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. D. Troupe M. D.
Address Johns Hopkins Hospital Date signed 3/11/43

02117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170

G 02117 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 727 Pierce St

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 727 Pierce St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Clarence Madden

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8998

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Cora Madden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 19-1897

8. AGE: Years 45 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Balto. md. (Town, county, and state)

10. Usual Occupation Helper on truck

11. Industry or business

FATHER

12. Name Clarence Madden

13. Birthplace md

MOTHER

14. Maiden Name Martha Cornish

15. Birthplace Balto. md.

16 (a) Informant Miss Nellie Henson

(b) Address 727 Pierce St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar. 16-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Mt. Winans

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 322 N Schroeder St.

19 MAR 13 1943 (Date rec'd by Registrar) (b) Huntingtown Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1943, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1943, to 3-11 1943, and that I last saw h[illegible] alive on 3-11 1943.

	Duration
Immediate cause of death: Aspiration pneumonia	10 hours
Due to: Vomiting of gastric ulcer	19 hours
Due to: Intoxication	48 hours
Other Conditions: Paralysis of lower extremities	24 hours

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Aspiration pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Averill Stowell M. D.

Address University Hosp Date signed 3-11

VS 150

02118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. G 02118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive
(c) Hospital or institution: U.S.Marine Hospital
Adm. 1/23/43- 1:00 P.M.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME FREDERICK UREAS CAMPBELL

3 (b) If veteran, name war --

3 (c) Social Security Account No. 365-92-18

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sallie Campbell
Maiden na-Fisher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/22/1877

8. AGE: Years 65 | Months 6 | Days 18 | If less than one day: hr. min.

9. Birthplace British West Indies (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business S.S.Dixie

FATHER
12. Name Frederick S. Campbell
13. Birthplace British West Indies

MOTHER
14. Maiden Name Mary Schlessinger
15. Birthplace Jamaica

16 (a) Informant U.S.Marine Hospital Records
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R.Williams
(b) Address 322 N. Schroeder St.

19 MAR 13 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH March 10, 1943 at 5:38 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23/43 1943 to 3/10/ 1943, and that I last saw him alive on Mar. 10, 1943

	Duration
Immediate cause of death: Nephrosclerosis	Unk
Due to: Gen. arteriosclerosis of coronary vessels	Unk.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation 3/2/43

Major findings of operation: Amputation, rt. leg

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S. Bean M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 4/11/43

VS 250

No. 43942

A-02119
61120 D

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

125B

Registered No. A-02119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, for especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Drive
(b) Street address Wyman Park/& 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. USCG Pocohontas, Curtis Bay, Md. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME FRED GLENN MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Antionette B. Proockmer
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1906

8. AGE: Years	Months	Days	If less than one day
36	6	29	- hr. min.

9. Birthplace Muncie, Ind. (Town, county, and state)
10. Usual Occupation BM - Coast Guard
11. Industry or business U.S. Coast Guard

FATHER
12. Name Chas. M. Miller
13. Birthplace Moresville, Ind.

MOTHER
14. Maiden Name Ida Buchanan
15. Birthplace Muncie, Ind.

16 (a) Informant Records, Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14 1943 (month) (day) (year)
(c) Cemetery or crematory Grand Haven Michigan
Location
18 (a) Funeral director Rott & B. M. Walters
(b) Address Porter Stricker Sts
19 (a) Filed MAR 16 1943 (b) Registrar Huntington Williams

VS 250

MEDICAL CERTIFICATION A.

20. DATE OF DEATH March 13, 1943, at 11:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4/ 1943, to 3/13/ 1943, and that I last saw him alive on Mar. 13, 1943.

	Duration
Immediate cause of death Acute glomerular nephritis; extensive bilateral Broncho-pneumonia	Several days
Due to --	
Due to	
Other Conditions Sub-acute toxic hepatitis (Include pregnancy within 3 months of death)	Unk.

Date of operation
Major findings of operation:
of autopsy: Same as above.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- (Specify type of place) While at work?
(e) Means of injury --

23. Signature W. S. Bean
W.S. Bean, Med. Dir., Med. Officer in Charge.
Address Baltimore, Md. Date signed 3/13/43

No. 44696

C-02120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

C 02120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2019 Runston ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 Runston ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Barris

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis Barris
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Moses Finkelstein
13. Birthplace Russia

MOTHER
14. Maiden Name Leah
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 Burial (b) Date thereof 3-13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Bnai Israel Cem
Location Southern Ave
(a) Funeral Director Jack Levin Inc
(b) Address 1439 E. Baltimore St
(b) Huntington Williams Funeral Home
(Name rec'd by registrar) Registrar.

MAR 14 1943
MAR 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12- 1943, at 7 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest + Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest + Autopsy (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malpass M.D.
Medical Examiner.
Date signed 3-13-43

VS 6

C 02121

BALTIMORE CITY HEALTH DEPARTMENT C 02121 Registered No.

CERTIFICATE OF DEATH 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 N. Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 N. Payson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Dreitz
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Cons. Petrol Prop.
11. Industry or business

FATHER
12. Name Abraham Dreitz
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca —
15. Birthplace Russia

16 (a) Informant David Dreitz (Brother)
(b) Address 2918 Violet Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-43 (month) (day) (year)
(c) Cemetery or crematory Shew Herring Burn
Location Dulaney Lane

18 (a) Funeral director Jos. Pereira Inc.
(b) Address 1439 E. Balto. St

19 (a) Date received (Registrar) Lester Williams, Registrar
MAR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1943 to Mar 6 1943, and that I last saw h. seen alive on 3/6/43 19

Immediate cause of death	Duration
Coronary Thrombosis	one month
Due to Coronary Arteriosclerosis	1yr. ago
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Dreitz
Address 11 E. Chase St. Date signed 3/13/43 M. D.

C 02122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 483a

C 02122 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2905 CHELSA TERRACE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 CHELSA TERRACE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PEARL SCHREBMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife SAMUEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name YEHUDA GLICK
13. Birthplace RUSSIA

MOTHER
14. Maiden Name HANNAH
15. Birthplace RUSSIA

16 (a) Informant SIDNEY V. SCHERR
(b) Address 2905 CHELSA TERRACE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-14-43 (month) (day) (year)
(c) Cemetery or crematory NORTH PT. TABERNACLE
Location SAME

18 (a) Funeral director Jack Lamp Inc
(b) Address 1439 E. Baltimore St
(c) Washington Boulevard

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12-43 19 , at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1943 to March 12 1943, and that I last saw her alive on March 12 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hour
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Schreibman
Address 2128 W. Mosby Ave Date signed 3/13/43

VS 250

#30460

C 02123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

C 02123 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1219 E. Lexington (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Pauline Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-13-42

8. AGE: Years | Months: 5 | Days: 24 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation a child

11. Industry or business

FATHER 12. Name Raymond Collins

13. Birthplace N C.

MOTHER 14. Maiden Name Ida Kane

15. Birthplace Va.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elwyn A Wilson

(b) Address 1000 Bloomsbury ave

19 (a) (b)

MAR 13 1943 Funeral Home Baltimore, Md.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1943 to Mar 11 1943 and that I last saw her alive on Mar 11 1943

Immediate cause of death Miliary tuberculosis

Due to

Due to (a)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. A. Logan M. D.

Address Johns Hopkins Hospital Date signed 3/14/43

92124 HEALTH DEPARTMENT—CITY OF BALTIMORE 92124

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith St., 10-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr.M.Aquaviva Catherine Ford

If U. S. Veteran specify WAR _____

(a) Residence: No. 901 Aisquith Street St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 22, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 67	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year) Sept. 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Martin Ford

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Ellen Mc.Connell

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Sr.M.Stan.Kostka
(Address)

18. BURIAL, CREMATION, REMOVAL
Place Villa Maria, Notch Cliff Mar 14th 43

19. UNDERTAKER Geo M. Fink & Son
(Address) 811. N. Wolfe, St.

MAR 14 1943 Huntington Williams Jr.
(Date received) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1943, to March 12, 1943

I last saw h. alive on March 12, 1943. Death is said to have occurred on the date stated above, at 6 30 m. P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Cardiac hypertrophy
acute dilatation Heart
hypostatic pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? N Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. J. Kealy M. D.

3/13/43 (Address) 1106 Fookan

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Give OCCUPATION in very important. See instructions on back of certificate.

V. S.

C 02125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 02125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 S. CURLEY ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 S. CURLEY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE P. FLEISCHMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	213-09-3530	MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA FLEISCHMANN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 13 1888

8. AGE: Years	Months	Days	If less than one day
54	5	0	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation PIPE FITTER
11. Industry or business

FATHER
12. Name JOHN FLEISCHMANN
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANNA RICE
15. Birthplace BALTO. MD.

16 (a) Informant ANNA FLEISCHMANN
(b) Address 714 S. CURLEY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 16/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Feiler INC.
(b) Address 403 S. WOLFE ST.

MAR 14 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

AM.

20. DATE OF DEATH MAR. 12 1943 at 4/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1942 to Mar. 12 1943 and that I last saw HIM alive on Mar. 10 1943.

Immediate cause of death Chronic Myocarditis — Duration

Due to Hypertension

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Toomey M. D.
Address 4410 Edmondson Ave Date signed 3/12/43

C 02126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 02126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 S. POTOMAC ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 S. POTOMAC ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH M. KOENIG

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 9 1874

8. AGE: Years 69 | Months 2 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name GEORGE KOENIG
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY FLEISCHMAN
15. Birthplace BALTO. MD.

16 (a) Informant MARGARET GRANSEE (SISTER)
(b) Address 523 S. POTOMAC ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 16/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER CEM.
Location BELAIR ROAD

18 (a) Funeral director Lilly and Geiler INC.
(b) Address 403 S. WOLFE ST.

MAR 14 1943 Registrar for Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 13 1943 at 6/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19, 1943. to March 13 1943.
and that I last saw her alive on Feb. 20, 1943,

Immediate cause of death Generalized septicaemia following gangrenous right foot — Duration several days

Due to

Due to Diabetes Mellatus — Duration several years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Fraga M. D.
Address 1627 Eagle St. Date signed 3/13/43

Approved: Robert Lee Graham M.D.

Correct age is supremely important. Physicians: please write the causes of death clearly and legibly.

C 02127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 02127

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Gilman Apts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse Stuart Edwards

3 (b) If veteran, name war: ✓

3 (c) Social Security Account No. 217-14-1120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	divorced

6 (b) Name of husband or wife: ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1882

8. AGE: Years	Months	Days	If less than one day
60	4	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Teller - retired
11. Industry or business First Nat. Bank

FATHER
12. Name Francis A. Edwards
13. Birthplace Georgetown D.C.

MOTHER
14. Maiden Name Charlotte Wilson
15. Birthplace Georgetown D.C.

16 (a) Informant Mrs. Hermon Avery
(b) Address Gilman apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date of Mch. 16/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Ave.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 900 Eutaw Place

MAR 14 1943

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943, at 9:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 12 1943, to Mar. 13 1943, and that I last saw him alive on Mar. 13 1943.

	Duration
Immediate cause of death: Cardio - resp. failure	10 mins.
Due to: Cerebral Vascular Accident	6 hrs.
Due to: Hypertensive C-V Disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard, M. D.
Address Union Memorial Hosp. Date signed 3/13/43

02128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 02128

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Norristown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Swede St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry J. Bunting

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1893

8. AGE: Years	Months	Days	If less than one day
49	4		hr. min.

9. Birthplace Norristown Pa (Town, county, and state)

10. Usual Occupation Former Banker

11. Industry or business Guard-Rust Steel Co.

FATHER
12. Name Dr. Harry M. Bunting
13. Birthplace Penna

MOTHER
14. Maiden Name Sara Selby
15. Birthplace Penna

16 (a) Informant Harry Acker
(b) Address Grand Fidelity Bldg. Phila. Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Riverside
Location Norristown Pa.

18 (a) Funeral director John D. Mitchell & Son
(b) Address 1409 Cutler Place.

MAR 17 1943
(Date rec'd by registrar)

19 (a) Hunter Williams, M.D.
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943, at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy & inquest and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Ist Degree 2nd degree burns	
Fractured ribs	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 22/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 12 1943 at 11 P M
(c) Where did injury occur? 3209 N. Charles St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? apartment house While at work? no
(Specify type of place)
(e) Means of injury Burned in conflagration

23. Signature Robert Lee Gratson M.D.
Medical Examiner

Date signed March 17 1943

VS 6

C 02129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

C 02129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4609 Walther Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4609 Walther Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose D. Piccinini

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18 1934

8. AGE: Years 9 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Cesare Piccinini
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Laudi
15. Birthplace Italy

16 (a) Informant Cesare Piccini (Father)
(b) Address 4609 Walther Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 MAR 14 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11th 1943, at 2 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6th 1943, to March 11th 1943 and that I last saw h[illegible] alive on March 11th 1943.

Immediate cause of death Cardiac Failure

Due to Sarcoma General (Metastatic)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Sarcoma
Of autopsy

Duration: 6 m.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Jenkins M.D.
Address 1000 Hillsdale Date signed 3/13/43

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

02130 02130

CERTIFICATE OF DEATH 1314

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 N. Eden St.) (Ward) _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Hattie Blanford

If U. S. Veteran specify WAR _____

(a) Residence: No. 1124 N. Eden St., Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thomas

6. DATE OF BIRTH (month, day, year): August 7 1888

7. AGE: Years: 54 | Months: 6 | Days: 24 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wilmington N.C.

FATHER

13. NAME: Allen Pigatt

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Allen Williams

(Address) 1124 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date March 14 1943

19. UNDERTAKER: Mrs Robert G. Elliott Daughter

(Address) 1129 N. Caroline St.

March 14 1943 (Date) _____ Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11 – , 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 , 1943 to March 10 , 1943

I last saw her alive on March 10 , 1943 Death is said to have occurred on the date stated above, at 12 PM.

The principal cause of death and related causes of importance were as follows:

	Date of Death
Cardio Vascular Disease	2/11/43

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, _____

(Signed) R. W. Johnson M. D.

(Address) ROBERT W. JOHNSON, M. D. 127 W. [illegible] St. BALTIMORE, MD.

C 02131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 Lindemere Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 8 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Lindemere Ave (If rural give location)
(e) Citizen of foreign country? - No - (Yes or No) If yes, name country

3 (a) FULL NAME Millie Hatfield Cooper

3 (b) If veteran, name war - no -
3 (c) Social Security Account No. - no -

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Robt. J. Cooper
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug-16-1863
8. AGE: Years 79 | Months 6 | Days 28 | If less than one day: hr. min.
9. Birthplace Phila-Pa. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Thos. C. Berridge
13. Birthplace Phila-Pa.

MOTHER
14. Maiden Name Carrie - ? - ? -
15. Birthplace Phila-Pa.

16 (a) Informant Pratt Cooper - (son)
(b) Address Rutledge Pa.

17 (a) burial (b) Date thereof 3-14-43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Springfield
Location Easton Md.

18 (a) Funeral director Stewart Mason Co.
(b) Address 108 W Mt Royal Ave Balto Md.

MAR 14 1943 (Date rec'd by registrar) (b) Number on Certificate Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1943 to March 13 1943 and that I last saw h[illegible] alive on March 13 1943

Immediate cause of death: Tuberculosis Pulmonary — Duration

Due to Chronic Nephritis

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles A Anderson M.D.
Address 300 Shannon Bldg Date signed 3/14/43

VS 3

G 02132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 St. Paul Street
(c) Hospital or institution: Home 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXXX
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County XXXXXXXXXXX
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 St. Paul Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3 (a) FULL NAME OTTO MARTIN MATTFELDT

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sabina Hoerner Mattfeldt

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1858

8. AGE: Years 84 | Months 5 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Contractor

FATHER
12. Name Carl L. Mattfeldt
13. Birthplace Germany

MOTHER
14. Maiden Name Margareta Weber
15. Birthplace Germany

16 (a) Informant Mrs. Sabina H. Mattfeldt (Widow)
(b) Address 3002 St. Paul Street, City.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 15, 1943 (month) (day) (year)
(c) [illegible] crematory Green Mount Cemetery
Location Green MOunt & Oliver Sts., City.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av. (W.F. Wooden-Suc.)

19 (a) 4 1943 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/17 1943, at 2.04 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942, to March 17 1943, and that I last saw h[illegible] alive on March 12 1943.

Immediate cause of death: Cardiovascular disease — Duration: Unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. R. Lundsbury M. D.

Address 3923 St Paul St Date signed 3/18/43

VS 3

C 02138 — BALTIMORE CITY HEALTH DEPARTMENT — C 02133 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied if obtainable. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 19 days
(e) Length of stay in Baltimore (yrs., mos., or days): 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Anne Arundel
(c) City or town: Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No.: Box 235, Route 1 (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3 (a) FULL NAME: EDWARD ~~Stanley~~ Stanley ADDISON

3 (b) If veteran, name war: CG Retired
3 (c) Social Security Account No.: 352-112-22

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Pearl Easton
6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Jan. 10, 1879

8. AGE: Years	Months	Days	If less than one day
64 years	2	3	- hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Captain- C.G. (Retired 9/1/30
11. Industry or business: Coast Guard

FATHER
12. Name: John White Addison
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mary A.E. Jackson
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records of U.S. Marine Hosp.
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 17 1943 (month) (day) (year)
(c) Cemetery or crematory: Arlington Cemetery
Location: Annapolis, Md.
18 (a) Funeral director: Holt & B.M. Walton
(b) Address: Hoffman & Stocker Sts.
Filed MAR 1943 Huntington Williams, M.D. Registrar
(Date filed) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13, 1943 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22, 1943 to Mar. 13, 1943 and that I last saw him alive on Mar. 13, 1943

	Duration
Immediate cause of death: Carcinoma of Stomach with metastasis Regional Lymph	1 yr.
Due to: Hypertensive Cardio-vascular	10 yrs.
Due to: Disease	
Other Conditions: Ch. Glomerul- nephritis.	?

(Include pregnancy within 3 months of death)
Date of operation: 2-19-43
Major findings of operation: Ca of Stomach with local metastases
Date of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: L.F. Palmer, Jr. M.D.
Address: U.S. Marine Hosp. Date signed: 3-17-43

Balto, Md. (over)

G-02134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G-02134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Druid Hill Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARION BRECKENRIDGE PAYNE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Julian Webster Payne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20? 1900

8. AGE: Years	Months	Days	If less than one day
42	4	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Breckenridge
13. Birthplace Maryland

MOTHER
14. Maiden Name Lena Pitts
15. Birthplace Roanoke, Va.

16 (a) Informant Julian Webster Payne
(b) Address 1524 Druid Hill Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3-14-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Avenue

19 (a) March 14, 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1942, to March 11 1943, and that I last saw her alive on March 11 1943.

Immediate cause of death Uraemic Coma — Duration

Due to Chronic nephritis and pyrrhoea 6? mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Wright M. D.
Address 1209 Brisbane Date signed 3/4/43

02135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 124B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1719 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 N. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael B. Maier

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-4561

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Della Maier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2nd 1882

8. AGE: Years 60 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Retired

FATHER
12. Name John Maier
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant Mrs. Della Maier
(b) Address 1719 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto / Redeemer

18 (a) Funeral director Williams Cook Inc
(b) Address 617 St. Paul St

MAR 15 1943 (Must not be filled in by registrar)

Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12th 1943, at 3A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1943, to Mar 12 1943, and that I last saw him alive on Mar 12 1943.

Immediate cause of death Cardiac Insufficiency — Duration

Due to

Due to

Other Conditions Chronic Nephritis Cirrhosis of Liver
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur C Monninger M. D.

Address 800 E North Ave Date signed

02136

MGH 80580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1370

G 02136
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 1265 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Haupt Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1869

8. AGE: Years	Months	Days	If less than one day
73	6	25	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Candy Maker

FATHER
12. Name Charles Haupt
13. Birthplace Md.

MOTHER
14. Maiden Name Gertrude Heffer
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Williams Bork Inc
(b) Address 1217 St. Paul ST

MAR 15 1943 Huntington Williams M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13 1943 at 12:34 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1943, to 3-13-43 and that I last saw h[im] alive on 3-13 1943.

Immediate cause of death: Pneumonia + Dehydration — Duration: ?

Due to

Due to

Other Conditions A.C.H.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Haupt Jr. M. D.
Address Balto City Hosp. Date signed 3-13-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 02137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(1937)

Registered No. G 02137

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Woodlawn
(If outside city or town limits, write RURAL and give county)
(d) Street No. 3501 Old Mill Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louise N. Loane

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6, 1871

8. AGE: Years 71 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Casper Denhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Alisa Dirter
15. Birthplace Germany

16 (a) Informant Louise M. Shires
(b) Address 3606 Plateau Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 E. Paul St

19 MAR 15 1943 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1943, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 10th 1943 to March 13th 1943 and that I last saw h[illegible] alive on March 13 1943.

Immediate cause of death
Cerebral thrombosis — Duration 3 da.
Due to Arterio-sclerotic - hypertensive heart
Due to disease.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Mason Love M.D.
Address Church Home & Hosp Date signed 3/13/43

VS 3

Persons required by law to report deaths, with information and medical certification as required by law, are liable to penalty for failure to do so. The information called for on this certificate is necessary, not only for the registration of the vital fact, but for the protection of property rights, and the value of the data depends upon its completeness and accuracy. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02138 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1048 N. Central Ave
(c) Hospital or institution:
10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 N. Central Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary U. Clemens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ John G. Clemens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23rd 1858

8. AGE: Years	Months	Days	If less than one day
84	3	20	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

MOTHER / FATHER
12. Name Joseph Pfefferback
13. Birthplace Balto. Md.
14. Maiden Name Dorothy Stuntz
15. Birthplace Germany

16 (a) Informant Theodore Clemens
(b) Address 1048 N. Central Ave

17 (a) Burial (b) Date thereof 3/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

MAR 15 1943 Huntington Williams M.D.
(Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13th 1943, at 1:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8 1943, to 3/13 1943, and that I last saw her alive on 3/13 1943.

Immediate cause of death Arteriosclerotic Cardio-Renal Disease — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph D. Blum MD
Address 1206 E. Preston St. Date signed 3/14/43

G 02139
AB-79448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 02139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 2431
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 17days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Reynolds St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christine Watkins

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Richard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1865

8. AGE: Years	Months	Days	If less than one day
77	8	9	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Lives with Daughter
11. Industry or business

FATHER
12. Name John ? (D)
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Anecker
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Va.
18 (a) Funeral director Wilkerson Cook Inc
(b) Address 217 St. Paul St
MAR 15 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH 3-13 1943, at 11:15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1943 to 3-13 1943 and that I last saw h[illegible] alive on 3-13 1943

Immediate cause of death: Arteriosclerotic Cardio Renal Disease — Duration: 7

Due to:

Due to:

Other Conditions: Bronchitis chronic — Duration: 2

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Donald Asbell
Address [illegible] City Hosp Date signed 3-14-43

02140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 02140
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Deck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 16 43 (month) (day) (year)
(c) Cemetery or crematory Mar Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) MAR 22 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 4 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1943 to Mch 14 1943, and that I last saw her alive on Mch 13 1943.

Immediate cause of death

Edema Lungs — Duration: 2 days
Due to Chronic myocarditis — Duration: 2 yrs
Due to — Duration:
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall

Address 1631 2 North Ave Date signed 3/15/43 (M. D.)

G 02141

G-02141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 37 E. Montgomery
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 37 E. Montgomery (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Victoria Tudor

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Robert Joseph Tudor 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	11	hr. min.

9. Birthplace Madison Md. (Town, county, and state)
10. Usual Occupation Laundry Helper
11. Industry or business

FATHER
12. Name Samuel Burton
13. Birthplace Madison Md.

MOTHER
14. Maiden Name Vic Harris
15. Birthplace Madisonv Md

16 (a) Informant Miss Violet Tudor
(b) Address 37 E. Montgomery

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Fred. A. Kramer & Son
(b) Address 1216 E. Chase St.

19 (a) (b) Huntington Williams, M.D. Registrar

MAR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12, 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4/ 1943 to 3/12/43 and that I last saw her alive on 3/11/ 1943

Immediate cause of death: Cerebral hemorrhage — Duration: 7 days

Due to:

Due to:

Other Conditions: General and cerebral arterio sclerosis
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel M.D.
Address 1226 Hanover St. Date signed 3/13/43

C 02142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 Register St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-5
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Register St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Sullivan
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Annie Sullivan
6 (c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) 9-9-1897
8. AGE: Years 45 | Months 6 | Days 3 | If less than one day: hr. min.
9. Birthplace Lawrence, S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER / FATHER
12. Name Addison Sullivan
13. Birthplace Lawrence, S.C.
14. Maiden Name Hanna Lark
15. Birthplace Lawrence, S. C.

16 (a) Informant Haywood Sullivan
(b) Address 1809 E. Biddle St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County
18 (a) Funeral director C. R. Law
(b) Address 802 Harlem Ave.
19 (a) MAR 15 1943 (Date received) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1943 at 11:30 M
21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1943 to 3-12 1943 and that I last saw h[illegible] alive on 3-12 1943.

Immediate cause of death: Chronic Interstitial Nephritis — Duration 8 mos.
Due to
Due to
Other Conditions Acute Myocarditis — 2d
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dorcas L. Berry, M. D.
Address 1430 E. Chase Date signed 3-15-43

VS 2

C 02143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

C 02143 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 E. Balto. Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 E. Balto. Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen Mills or Stephen L. Mills

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife Virginia F. (nee White)

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) March 4, 1904

8. AGE: Years 39 | Months - | Days 8 | If less than one day: hr. min.

9. Birthplace Martinsburg W. Va.
(Town, county, and state)

10. Usual Occupation painter

11. Industry or business

FATHER
12. Name Stephen Mills
13. Birthplace ?

MOTHER
14. Maiden Name Martha
15. Birthplace ?

16 (a) Informant Virginia Mills
(b) Address 16 N. Ann St.

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery or crematory
Location Martinsburg, W. Va.

18 (a) Funeral director M. W. E. Dippel
(b) Address Lombard & Arlington Ave.

19 (a) [illegible] Registrar

MAR 15 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12- 1943 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Subarachnoid Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions Hemorrhage into Conjunctiva	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide?
(b) Date of occurrence 3-12-43 at 7:30 P M
(c) Where did injury occur? 1723 E. Balto. St. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Blunt force

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 3-13-43

Write in ink in duplicate. Physician: please write the cause of death clearly and legibly.

C 02144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02144 / 172 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city, write RURAL and give town)
(d) Street No. 12 W. 24th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David R. Titter

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 175-05-9205

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Thelma Titter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19-1897

8. AGE: Years	Months	Days	If less than one day
45	10	24	hr. min.

9. Birthplace Newport, Pennsylvania (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Md. Drydock Co.

FATHER
12. Name John William Titter
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret Ann Ricedorff
15. Birthplace Pennsylvania

16 (a) Informant Charles H. Titter
(b) Address 517 High St. Duncannon, Pa.

17 (a) Removal-Burial (Burial, cremation, or removal) (b) Date thereof March 15-1943 (month) (day) (year)
(c) Cemetery or crematory Newport
Location Newport, Pennsylvania

18 (a) Funeral director Horace F. Burger
(b) Address 3631 Falls Road

19 (a) MAR 15 1943 (Date received by Registrar) Hunter Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943, at 6 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above. (Autopsy or Inquiry)

Immediate cause of death Fracture of spine
Due to fall
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 3/16
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 13 1943 at
(c) Where did injury occur? Md. Dry dock Co. Fairfield (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? in drydock While at work? yes (Specify type of place)
(e) Means of injury Fell in C hold of ship

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed March 14 1943

VS 6

C 02145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02145 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 E. Biddle St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Adcock

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1941

8. AGE: Years	Months	Days	If less than one day: hr.	min.
1	6	7		

9. Birthplace Butte, Mont. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert E. Adcock
13. Birthplace Birm. Ala.

MOTHER
14. Maiden Name Wilson
15. Birthplace Rebecca, Georgia

16 (a) Informant parents
(b) Address 218 E. Biddle St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery or crematory
Location Ashburn, Georgia

18 (a) Funeral director Charles E. Hillmund
(b) Address 2441 E. Madison St.

19 (a) MAR 15 1943 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VR 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 43, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 19 43 to March 14 1943, and that I last saw him alive on March 13 19 43.

Immediate cause of death: Asphyxia — Duration: 5 min

Due to: Acute laryngotracheobronchitis

Due to:

Other Conditions: Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Katz MD M. D.

Address Sinai Hosp Date signed 3-14-43

G 02146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02146 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 Washington Blvd.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Washington Blvd (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Gustav Herman Pfeifer

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Johanna Meier

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 29 - 1850

8. AGE: Years 92 | Months 5 6 | Days 13 | If less than one day — hr. — min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Brewery Business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Miss Gusta Pfeifer
(b) Address 920 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Balto Md

18 (a) Funeral director Geo L. Beyer Jr
(b) Address 1512 Hollins St

19 (a) MAR 15 1943 Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 12 1943, at 9:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to Mar 11 1943, and that I last saw him alive on Mar 11 1943.

Immediate cause of death

My o ar dots

Due to Hypostatic pneumonia

Due to Acute Delirium

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A Reh M. D.

Address 2145 W Balto St Date signed

02147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. C 02147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3900 Belle Ave
(c) Hospital or institution:

15-10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 93 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Belle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Gonce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George E. Gonce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 1849

8. AGE: Years	Months	Days	If less than one day
93	11	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Heim
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Edna M. Smith
(b) Address 3900 Belle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Harry L. Thuman
(b) Address 4204 Ridgewood Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1942 March 13 1943 and that I last saw h alive on March 13 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage.	3 days
Due to Arteriosclerosis	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wilbur F. Hellman M. D.
Address 6 E Biddle St Date signed 3/15/43

VS 188

C 02148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

C 02148 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 347 S. Macon St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 347 S. Macon St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JOHN DANIEL MALKUS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Mary A. Malkus
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Sept. 23, 1870

8. AGE: Years: 72 | Months: 5 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Lab.

11. Industry or business: Construction Work

FATHER
12. Name: Philip Malkus
13. Birthplace: Germany

MOTHER
14. Maiden Name: Dora Seip
15. Birthplace: Germany

16 (a) Informant: Wm. E. Malkus
(b) Address: 238 W. 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/15/43 (month) (day) (year)
(c) Cemetery or crematory: St. Paula Cem.
Location: Baltimore Md.

18 (a) Funeral director: H. Sander & Sons
(b) Address: North Ave. & Broadway

19 (a) MAR 15 1943 (Huntington Williams, M.D.) Registrar

MAR 15 1943
VS 116

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943, at 5.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to March 12 1943.
and that I last saw him alive on March 11 1943.

Immediate cause of death: Hypostatic Pneumonia — Duration: 3/10/43
Due to: Carcinoma of Stomach — 9/1/42
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: William J. Reamer M. D.
Address: 901 S. Kenwood Ave. Date signed: 3/13/43

C 02149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1226

C 02149

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~1811~~ Redwood & Greene

(c) Hospital or institution: University Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1812 Rosedale St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Mary Schreiner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife — —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7-1865

8. AGE: Years 78 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jacob Schreiner

13. Birthplace Germany

MOTHER 14. Maiden Name ~~Hoiger~~ MARY HIRSCH

15. Birthplace Md.

16 (a) Informant MISS ANNA SCHREINER

(b) Address 1812 ROSEDALE ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-16-43 (month) (day) (year)

(c) Cemetery or crematory Western Cem. Location BALTO MD

18 (a) Funeral director MRS Chas A G Rohde

(b) Address 2327 Edmondson Ave

19 MAR 15 1943 Huntington Williams, M.D. (Must be filed by registrar)

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/13/43 19 at 11.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1943 to 3/13 1943 and that I last saw her alive on 3/13 1943.

Immediate cause of death Pneumonia

Due to Intestinal obstruction

Due to Old Post op. adhesions

Other Conditions Auricular fibrillation Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Meade M. D.

Address Union Hosp. Date signed 3/14/43

C 02150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02150 X 477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
City or town Rural Sykesville Route 1. 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. Louisville, Md
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Hoff

3 (b) If veteran, name war —

3 (c) Social Security Account No. Can't be located

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Ada Katherine Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1. 1870

8. AGE: Years	Months	Days	If less than one day
62	6	13	hr. min.

9. Birthplace Hamburg, Carroll, Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name David Hoff
13. Birthplace Sandymount Carroll Co.

MOTHER
14. Maiden Name Martha Eckard
15. Birthplace Sandymount Carroll Co.

16 (a) Informant Mrs. George Hoff
(b) Address Sykesville, Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof March 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Finkelburg
Location Westminster Road

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Westminster, Md

19 (a) MAR 15 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1943, to March 14 1943, and that I last saw h/im alive on March 14 1943.

Immediate cause of death	Duration
Due to Ca of R. Lung with widespread metastates	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L Rose M. D.
Address University Hospital Date signed 3/17/43

02151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. C 02151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts Balto. md
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 21
(d) Street No. 2843 Pelham Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phillip Joseph Ebert. Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1943

8. AGE: Years	Months	Days	If less than one day
		18	hr. min.

9. Birthplace Franklin Square Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Phillip Joseph Ebert
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Marya Barbara Fuchs
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Phillip Ebert
(b) Address 2843 Pelham Ave. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Balto Md.

18 (a) Funeral director Edward J. Kuch
(b) Address 5305 Harford Rd

19 (a) 3/15/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 6 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to March 14, 1943, and that I last saw h[illegible] alive on March 14, 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 3/15/43 M. D.

G 02152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02152

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 ST. PAUL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 ST. PAUL ST.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME MARY VIRGINIA NICOL

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife JOHN W. NICOL
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) MCH. [illegible] 1855

8. AGE: Years 88 | Months 11 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Daniel W. GOSLEE
13. Birthplace MD.

MOTHER
14. Maiden Name MARY E. CASEY
15. Birthplace N.C.

16 (a) Informant MARY V. [illegible] OTTE
(b) Address 1708 ST. PAUL ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 16. 1943 (month) (day) (year)
(c) Cemetery or crematory GREEN MOUNT
Location GREENMOUNT AVE. & OLIVER ST.

18 (a) Funeral director John O. Mitchell
(b) Address 1900 Eutaw Place

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams M.D.
MAR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14-1943, at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1942, to 3/12 1943 and that I last saw h[illegible] alive on 3/12 1943.

Immediate cause of death: Acute Cardiac failure — Duration
Due to Ch Arteriosclerosis
Due to Ch Myocarditis
Other Conditions Edema.

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature A. L. Homesteen M. D.
Address 733 AISQUITH ST. Date signed 3/15/43

C 02153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 02153 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3052 Brighton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3052 Brighton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALVERDA ELZEY

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1863

8. AGE: Years 79 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Sharptown, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Levin W. Elzey
13. Birthplace unknown

MOTHER
14. Maiden Name Mary E. Lynch
15. Birthplace unknown

16 (a) Informant Mrs. John E. Parks
(b) Address 3052 Brighton St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Mrs. John E. Parks
Location ~~3052 Brighton St.~~ Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) 3/15/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12, 1943, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1941 to Mar 12 1943 and that I last saw ~~her~~ alive on Mar 11 1943.

Immediate cause of death: Myocarditis Senile & Dilatation of Heart — Duration ✓
Due to: Cerebral Arterio Sclerosis — Duration ✓
Due to: — Duration
Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operations: /
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence / at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Oliver A. Graham M.D.
Address 1219 Cathedral Street Date signed 3/14/43

VS 180

C 02154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/108

C 02154 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 & 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2902 Mosher St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CATHERINE E. CASEY

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife: John W. Casey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1866

8. AGE: Years	Months	Days	If less than one day
76	4	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Thomas Raftery
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Flanigan
15. Birthplace Ireland

16 (a) Informant Mr. Francis E. A. Casey
(b) Address 2902 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) 3/15/43 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943, at 8:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941 to Mar 12 1943 and that I last saw h er alive on Mar 12 1943

Immediate cause of death
Lobar Pneumonia — Duration 2 days
Due to General Sepsis
Due to Pleurisy ✓
Other Conditions ✓
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ✓
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter A. Pratas M.D.
Address 1219 Eastern Ave Date signed 3/14/43

C 02155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

C 02155 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Liberty Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 - 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4013 Liberty Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM JOSEPH KNIGHT

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: Delma Bassford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1876

8. AGE: Years 66 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Toronto, Canada (Town, county, and state)

10. Usual Occupation Bath. Comm.

11. Industry or business Baltimore City

FATHER
12. Name Reuben Knight
13. Birthplace Newfoundland, Can.

MOTHER
14. Maiden Name -- McFarland
15. Birthplace unknown

16 (a) Informant Mrs. Delma Cox
(b) Address 3206 Westwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Williams M.D. (b) (Date rec'd by registrar) MAR 15 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1943, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/40 19[illegible] to 3/13 19[illegible] and that I last saw h[illegible] alive on 3/[illegible] 19[illegible].

Immediate cause of death: Carcinoma of L. Lung

Duration: 10 mos.

Due to:

Due to:

Other Conditions: Valvular Heart Disease

Duration: [illegible] yrs.

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 3/15/43

VS 280

C 02156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92D

C 02156 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3303 Walbrook Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Walbrook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES COUCHMAN

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Edward Wm. Couchman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1867

8. AGE: Years	Months	Days	If less than one day
75	11	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name -- Baker
13. Birthplace England

MOTHER
14. Maiden Name -
15. Birthplace England

16 (a) Informant Mr. Lester H. Crowther
(b) Address 1309 Court Square Bldg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) 3/15/43 (Date rec'd by registrar) (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1943 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1943 to March 11, 1943. and that I last saw h-er alive on March 11, 1943.

Immediate cause of death: Heart failure — Duration: 3 days
Due to: acute cardiac dilatation with insufficiency & edema — 2 mo.
Due to: Chronic myo-& endocarditis — ?
Other Conditions: Arterio. sclerosis with hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice E. Shamer M. D.
Address 3300 W. North Ave Date signed 3/13/43

G 02157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46F

G 02157 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4209 Wentworth Rd.
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4209 Wentworth Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELSIE SORG YOUNG

3 (b) If veteran, name war [redacted]

3 (c) Social Security Account No. 213 - 01 - 7918

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Adam S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1886

8. AGE: Years	Months	Days	If less than one day
56	4	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name August Sorg
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Storms
15. Birthplace Westminster Md.

16 (a) Informant Mr. Wilbert A. Sorg
(b) Address 4209 Wentworth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) [redacted] (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1943 at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943 to March 11 1943 and that I last saw [redacted] alive on March 10 1943.

Immediate cause of death: Congestion of Brain
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 6 days

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Samuels M. D.
Address 4519 Liberty Hts. Date signed March 13

VS 250

G 02158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02158 / 117a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lindent Melvin
(c) Hospital or institution: Maryland Emerg Hosp. 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Monroe Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Victor Scott Harding

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/3/1869

8. AGE: Years	Months	Days	If less than one day
73	8	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business (own business)

FATHER
12. Name James Harding
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name -- Duffy
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. James M. Harding
(b) Address 3906 Woodridge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cem.
Location Randallstown, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) 3/15/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/13 1943, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1943, to 3/13 1943, and that I last saw him alive on 3/12 19

Immediate cause of death Cholecystectomy — Duration
Due to ulcer — with
Due to perforation
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Md. Gen'l Hosp. Date signed 3/13/43 M. D.

VS 3

G 02159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 02159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3627 Old York Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3627 Old York Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY B. STEVENS

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Thomas C. Stevens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/29/1872

8. AGE: Years	Months	Days	If less than one day
70	6	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Crowley
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Mason
15. Birthplace Md.

16 (a) Informant Mr. Clarence L. Stevens
(b) Address 6 W. 24th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) Mar 15 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1943, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19 , to March 12 1943, and that I last saw h alive on March 12 1943.

Immediate cause of death: Cerebral thrombosis — Duration: 3 days;
Due to arteriosclerosis — 1 year
Due to
Other Conditions mild diabetes — 2 years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gerth Mortimer Jad
Address 2762 St Paul St Date signed 3/13/43 M. D.

VS 180

NOWAKOWSKA

C 02160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 02160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3216 Hudson Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Same (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marianna Nowakowski

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife Joseph.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19-1854

8. AGE: Years	Months	Days	If less than one day
88	10	22	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Antonia Bonaskas
(b) Address 3216 Hudson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43. (Month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Belair Rd & Erdman Ave.

18 (a) Funeral director Stephen J. Fealy & Son
(b) Address 1000 Rumford Ave

19 (a) (Date received by registrar) (b) Registrar

VS 8 MAR 15 1943 Huntington Avenue

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1943, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1943 to Mar 13 1943, and that I last saw her alive on Mar 12 1943.

Immediate cause of death	Duration
Arteriosclerosis C.V. Disease	
Broncho pneumonia.	3-8-43
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed Schmunk M. D.
Address 612 S Ellwood Ave Date signed 3-14-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

520

G 02161 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 Ralworth Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Ralworth Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gladys E. Wiley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife W. Malcolm Wiley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18th. 1903

8. AGE: Years	Months	Days	If less than one day
39	2	25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Edgar Evans
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret Kilmond
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. W. Malcolm Wiley
(b) Address 1524 Ralworth Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Graham Funeral Home
(b) 7807 Belair Road

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1943 at 8.15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9-1942 to 3-13-1943, and that I last saw her alive on 3-12 1943.

Immediate cause of death: Sarcoma Kidney — Duration: About 10 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Clark M.D.
Address 7807 Harford Rd. Date signed 3-15-43

G 02162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 107

G 02162
Registered No.

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland City
(b) Street address 536 W. Lee St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-2-
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 536 W. Lee (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Baby Gabb

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	✓

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	—	3	— hr. — min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name James Gabb
13. Birthplace S. C.

MOTHER
14. Maiden Name Lucie Lindsey
15. Birthplace S. C.

16 (a) Informant James Gabb
(b) Address 536 W. Lee St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 15 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calary
Location Balto, Md.

18 (a) Funeral director Watts Bros
(b) Address 139 W. Hamburg St, Baltimore, Md.

19 (a) MAR 15 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12-1943 at 9:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-1943. to 3-13-1943.
and that I last saw h. alive on 19

Immediate cause of death Pneumonia ✓ — Duration 3 days.
Due to ✓
Due to ✓
Other Conditions Eyes of baby
(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation: ✓
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Harper M. D.
Address 1016 S. Sharp Date signed 3-12-43

VS 8

C 02163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. C 02163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 Greenwillow Av.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town, give township, county, or municipality, and give town)
(d) Street No. 503 Greenwillow (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23 1868

8. AGE: Years	Months	Days	If less than one day
54	-	23	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jack Cubonpke
13. Birthplace Va.

MOTHER
14. Maiden Name Angie Tylor
15. Birthplace Va.

16 (a) Informant Annie Mayo.
(b) Address 415 Orchard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Pleasant Hill Ave

19 (a) MAR 15 1943 (Date received by registrar) (b) Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1943, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1943 to Mar 13 1943, and that I last saw her alive on Mar 13 1943

Immediate cause of death Lobar Pneumonia — Duration 5 days

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Pelletreau M. D.
Address 817 Hamilton Ave Date signed Mar 14/43

G 02164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 02164 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 Whitecoat St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Whitecoat St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Hattie Graves

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	W

6 (b) Name of husband or wife Wesley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1883

8. AGE: Years	Months	Days	If less than one day
59	10		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Leroy Haynes
(b) Address 1003 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (Year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. H. Kelso
(b) Address 1303 Pennsylvania

19 (a) MAR 15 1943 (Date rec'd by registrar) (b) Huntingtown Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1943, at 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 1943 to Mar 13 1943, and that I last saw h[illegible] alive on Mar 13 1943.

Immediate cause of death: Hypertensive Heart Disease — Duration 6 hrs
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C. N. Pifer
Address 1136 W. Lanvale St Date signed 3/15/43

V2 3

Correct age is especially important. Physician: please write the causes of death clearly and legibly.

G 02165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 02165 Registered No. 1370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Lanvale
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 999 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Emerat Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-16-5244

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Eleanor Johnson
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Mar 7 1886

8. AGE: Years	Months	Days	If less than one day
57	—	7	hr. min.

9. Birthplace Md. (Town, county and state)
10. Usual Occupation Water Boy
11. Industry or business

MOTHER / FATHER
12. Name Henry Johnson
13. Birthplace Md
14. Maiden Name Eleanor Kay
15. Birthplace Md

16 (a) Informant Eleanor Johnson wife
(b) Address 999 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Calvert Co. Md

18 (a) Funeral director C. C. Kelson
(b) Address 1303 Presstman St.

19 (a) (b) Date rec'd by Registrar Herrington for Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 1943 at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7 1943 to Mar 14 1943 and that I last saw h[illegible] alive on Mar 14 1943

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to (or)

Due to

Other Conditions Benign Prostatectomy
(Include pregnancy within 3 months of death)

Date of operation 2/27/43

Major findings of operation: Enlarged prostate

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Delaney M. D.
Address Mercy Hospital Date signed 3/16/43

G 02166 ✓ G 02166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 N. Patterson
(c) Hospital or institution: Park Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N Patterson Pk. Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine L. Tomlinson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: William J. Tomlinson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 3, 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	10	9		

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Home wife
11. Industry or business

FATHER
12. Name: John F. Dwyer
13. Birthplace: Canada

MOTHER
14. Maiden Name: Georgeanna Peacock
15. Birthplace: Maryland

16 (a) Informant: Mary J. Mercer
(b) Address: 207 N Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 16, 1943 (month) (day) (year)
(c) Cemetery or crematory: Oakwood Cemetery
Location: Dayton Ave nr Harford

18 (a) Funeral director: Elmer W. Corkran & Son
(b) Address: 924 E. Eager St

19 (a) MAR 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12th, 1943, at 6:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26, 1941, to March 12, 1943, and that I last saw her alive on March 1, 1943

Immediate cause of death	Duration
Congestive Heart Failure	15 min.
Due to Chronic Myocarditis	6 years
Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Philibert Artigues M.D.
Address: 2942 E. Fayette St. Date signed: 3/13/43

VS 3

G 02167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G 02167 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave.
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Lipman

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Max Lipman
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Henry Lipman
(b) Address 1829 E. Appleton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bonley Lane
18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave
19 (a) (Date rec'd by registrar) (b) Registrar

MAR 15 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5/1942 to 3/14/1943 and that I last saw him alive on 3/14/1943.

Immediate cause of death
Carcinoma of Prostate
Chr. card. Vascular disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin
Address Levindale Date signed 3/14/43

G 02168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 02168 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 739 Sterling St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 2
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 739 Sterling St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Daisy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1870

8. AGE: Years	Months	Days	If less than one day
73 72	11	29	hr. min.

9. Birthplace S. Carolina
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace S C

MOTHER
14. Maiden Name Unknown
15. Birthplace S. C.

16 (a) Informant Rosie Shaw
(b) Address 739 Sterling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County

18 (a) Funeral director Mrs. Robert J. Elliott
(b) Address 1129 N. Caroline St

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12-43, at 9A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4- 1943 to 3-12- 1943, and that I last saw him alive on 3-12 1943.

Immediate cause of death: Lobar Pneumonia — Duration 8 days

Due to Colds

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake M. D.
Address 1327 N. Central Ave Date signed 3/16/43

C 02169

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

Registered No. C 02169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 E. Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 724 E. Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Baldwin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife David F. Baldwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10-1865

8. AGE: Years	Months	Days	If less than one day
77	10	1	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Porter
13. Birthplace Busselton, Pa.

MOTHER
14. Maiden Name Margaret Beal
15. Birthplace Quaker City, Pa.

16 (a) Informant Mrs. Adam Hofferbirth
(b) Address 3213 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar. 16, 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) MAR 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1943 at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1943 to Mar 11 1943 and that I last saw h[illegible] alive on Mar 11 1943

Immediate cause of death: Acute Cardiac Dilatation — Duration: 2 days
Due to:
Due to: Chr. Valvular Heart Disease — 5 yrs.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Meyer M.D.
Address 1520 E. 33rd St. Date signed 3/14/43

G 02170

02170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Eastern Ave.
(c) Hospital or institution:

1-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country .....

3 (a) FULL NAME James Hart

3 (b) If veteran, name war

3 (c) Social Security Account No. Retired

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary Jones
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 17-1865

8. AGE: Years	Months	Days	If less than one day
77	3	25	..... hr. ..... min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James Hart Sr.
13. Birthplace England

MOTHER
14. Maiden Name Anna Welsh
15. Birthplace England

16 (a) Informant Mary E. Gohrman-Daughter
(b) Address 3015 Eastern Ave.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Mar. 17-43 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location .....

18 (a) Funeral director Clarence E. Hoffmann
(b) Address 1638 N. Broadway

19 (a) MAR 15 1943 (Date received) Huntington Murphy, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12 1943, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1942 to 3/12 1943 and that I last saw h[illegible] alive on 3/12 1943

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis

Due to Hypertension

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

.....

of autopsy: .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J. Joseph Faucher, M.D.

Address 441 S. Ellwood Ave Date signed 3/15/43

C 02171

43132D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

320

C 02171 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middleborough (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maria Page

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Frank M.
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) 12 - ?100 1900

8. AGE: Years	Months	Days	If less than one day
42	3		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ? Kahl
13. Birthplace

MOTHER
14. Maiden Name O'Callie ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Am
Location Eastern Ave

18 (a) Funeral director Robert Brookfield
(b) Address 1336 Hollins St

19 (a) 3/16/43 (Date rec'd by registrar) (b) H W, MD Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943 at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 43 to March 13 43 and that I last saw her alive on March 13 43

Immediate cause of death: Metastatic Ca of Brain — Duration 2 weeks?
Due to: Hypernephroma (Kidney)
Due to:
Other Conditions: Metastatic Ca of lateral column
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Brain not yet sectioned

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Hoff M. D.
Address J H H Date signed 3-13-43

G 02172

AB-80298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58D

G 02172 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 10-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 N. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Delores Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-1934

8. AGE: Years	Months	Days	If less than one day
9	?	?	hr. min.

9. Birthplace ? Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Raphael
13. Birthplace ?

MOTHER
14. Maiden Name Gertrude ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph B. Lock
(b) Address 1364 N. Central Ave.

19 (a) MAR 15 1943 (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 13 1943, at 2 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1943. to Mar 13 1943. and that I last saw her alive on Mar 13 1943.

Immediate cause of death
Heart failure
Pneumonia — Duration 7 days
Due to
Rheumatic fever — Duration 7 days
Due to — Duration 2 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Pneumonia; Rheumatic heart disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Cockburn M. D.
Address Balto. City Hosp. Date signed 3-14-43

43 1261
G 02173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 02173 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jemina Fergia

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-18-94

8. AGE: Years 48 | Months 9 | Days 24 | If less than one day: hr. min.

9. Birthplace NC (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Neal Harrington
13. Birthplace N.C.

MOTHER
14. Maiden Name Betty Beal
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County Md.

18 (a) Funeral director Joseph B. Locke
(b) Address 1324 N. Central Ave Huntingtown Williams, Md

19 (a) [illegible] (Registrar) (b) [illegible] Registrar

MAR 15 1943
VS 116

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1943 to Mar 12 1943 and that I last saw her alive on Mar 12 1943.

Immediate cause of death uremia, cardiac failure — Duration

Due to hypertensive C.V.D.

Due to

Other Conditions E. Coli urinary tract infection (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J C Duncan Jr M. D.
Address JHH Date signed 3-13-43

C 02174 ✓ C 02174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 15-9

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman Sts
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/4 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Rosedale Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Kolk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frederick H. Kolk
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) April 28, 1871

8. AGE: Years	Months	Days	If less than one day
71	10	16	-- hr. ---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name John Connery
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Not obtainable
15. Birthplace " "

16 (a) Informant William H. Hagerty
(b) Address 2305 Rosedale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimre, Md.

18 (a) Funeral director H. C. Mears and Son
(b) Address 1225 Calvert St.

19 (a) (Date rec'd by registrar) (b) [illegible] for Williams, M.D. Registrar

MAR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1943, to March 14 1943, and that I last saw [illegible] alive on March 14 1943.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Arteriosclerosis & Diabetes	
Due to Carcinoma of Breast & metastases to Ut. Lumbar Spine & Pelvis	
Other Conditions Ut. Fibroids, Pyelitis, Ureterstone of Rt. Ureter	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Klauminzer, M.D.
Address St. Joseph Hosp. Date signed 3/19/43

Form C. H. 1. Schilling
Howard J. Walters, M. D.

VS 8

C 02175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

C 02175 Registered No.

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 S. Bouldin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Frank Waitzel

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-9639

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23 1882

8. AGE: Years	Months	Days	If less than one day
60	6	18	20 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business Baltimore Transit Company

FATHER 12. Name Frank Waitzel
13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Louise Kerdel
15. Birthplace Baltimore, Maryland

16 (a) Informant Christian Schuhmann
(b) Address 517 S. Bouldin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 16 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cemetery
Location 5712 O'Donnell Street

18 (a) Funeral director Frederick D. Miller Inc.
(b) Address 3019 E. Monument Street

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943 at 8 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1943 to March 13 1943, and that I last saw him alive on March 12 1943.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Arteriosclerotic Heart Disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuerting M.D.
Address St. Joseph's Hosp. Date signed 3-13-43

C 02176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 469

C 02176 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 E. Preston Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary A Gainty

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife Michael A Gainty
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1869

8. AGE: Years	Months	Days	If less than one day
74	1	16	— hr. — min.

9. Birthplace England Yorkshire. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name William Mates
13. Birthplace England

MOTHER
14. Maiden Name Catherine Kenny
15. Birthplace England

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Baltimore

18 (a) Funeral director George J. Roth Inc.
(b) Address 1735 Harford Ave

19 (a) — (b) Huntington Williams, M.D. Registrar

MAR 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943, at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1943 to March 13 1943 and that I last saw her alive on March 12 1943

Immediate cause of death: Adenocarcinoma of Pancreas — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Oldenburg M. D.
Address Church Home & Infirmary Date signed 3/13/43

Please write clearly with pen and ink. Use no abbreviations. Make no erasures. Be careful to report every item of information asked for correctly and completely. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G02177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a

G02177

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2529 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Furman

3 (b) If veteran, name war World War #2

3 (c) Social Security Account No. 212-03-4413

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hazel Backer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1906

8. AGE: Years 36 | Months 9 | Days 25 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Stephen Furman
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna Owsik
15. Birthplace Poland

16 (a) Informant Mrs. Hazel Furman
(b) Address 2529 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3-16-43 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Memorial
Location Howard Co.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1939 E. Fayette, Ave Huntingtown, Baltimore, Md.

19 Mar 15 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13 1943, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1943 to 3-13 1943, and that I last saw h(M) alive on 3-13 1943.

	Duration
Immediate cause of death: Cerebral edema, marked, with pontine hemorrhage	10 hours
Due to: Multiple brain tumors, (primary)	10 weeks
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation 3-12-43

Major findings of operation: Brain Tumors

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Averill Stonewell

Address University Hospital Date signed 3-13 M. D.

VS 3

Dr Schoenfeld
2301 Annapolis Rd. C 02178 ✓ C 02178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 Annapolis Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 3
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Annapolis Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William A. Muhl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Muhl
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct 18-1860

8. AGE: Years	Months	Days	If less than one day
82	4	24 2/6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Agent - Central Fire
11. Industry or business Insurance Co.

FATHER
12. Name Conrad Muhl
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Stofel
15. Birthplace Germany

16 (a) Informant Anna Muhl
(b) Address 2013 Annapolis Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Baltimore Md.

18 (a) Funeral director Minnie Cook Sypes
(b) Address 1600 West North Ave Baltimore, Md.

19 (a) MAR 15 1943 (Registrar's signature) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to March 1943 and that I last saw h[illegible] alive on March 14, 1943.

Immediate cause of death Coronary Thrombosis — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schofield, M. D.
Address 23a Annapolis Date signed 3/14/43

VS 3

C 02179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 B

C 02179 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Portugal Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days) 37 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Portugal Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Kawalski

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Stanislaus Kawalski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Maciora
13. Birthplace Poland

MOTHER
14. Maiden Name Rosalie Grandzik
15. Birthplace Poland

16 (a) Informant Mr. Stanislaus Kawalski
(b) Address 1614 Portugal Street

17 (a) Burial (b) Date thereof March 16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore County

18 (a) Funeral director John M Welby
(b) Address 405 S. Chester Street

19 (a) MAR 15 1943 (b) Huntington Williams, M.D.
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1943, to 3/14 1943, and that I last saw h 4 alive on 3/14 1943.

Immediate cause of death — Duration

Due to Carcinoma of Uterus

Due to

Other Conditions ✓

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ ✓ at M
(c) Where did injury occur? ✓ ✓ ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature Frank Jaworski M. D.
Address 2429 Gat Date signed 3/15/43

C 02180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

C 02180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 W. Berry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 W. Berry St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Sorrells

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Color	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1932

8. AGE: Years	Months	Days	If less than one day
10	4	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Howard Sorrells
13. Birthplace Richmond, Va.

MOTHER 14. Maiden Name Wilhelmina Scott
15. Birthplace Richmond, Va.

16 (a) Informant Howard Sorrells
(b) Address 627 W. Berry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore County, Maryland

18 (a) Funeral director Joseph A. Slavicky
(b) Address 4691 Mount Street

19 (a) MAR 15 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12- 1943 at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-12-43 at 12 noon
(c) Where did injury occur? City Harbor, 674 Williams St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Ruben While at work? No (Specify type of place)
(e) Means of injury Found drowned.

Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-12-43

VS 4

C 02181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02181 Registered No. 698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 232 Gilmor St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Porter Estep Randall

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-42-3967

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs Ella Randall
6 (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) July 14 1904
8. AGE: Years 38 | Months 7 | Days 28 | If less than one day: hr. min.
9. Birthplace Friendship Md (Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business Albert Building

FATHER
12. Name Owen Randall
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Miss Amelia Carter
15. Birthplace Friendship Md

16 (a) Informant Mrs Ella Randall
(b) Address 232 Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore city.

18 (a) Funeral director Joseph A. Lively
(b) Address 1 [illegible] Fremont Street

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 — 12 — 1943, at 11:58 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9- 1943, to 3-12- 1943, and that I last saw him alive on 3-9 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration 2 yrs
Due to: Exposure
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 3-12-43

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

42,699
C 02182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02182 ✓
Registered No. 520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-b
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S Car. (b) County
(c) City or town Whitmire
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Henry
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife James V
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) 4-11-81

8. AGE: Years	Months	Days	If less than one day
61	11	4	hr. min.

9. Birthplace S.C. Thomasville N.C.
(Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER
12. Name Thomas Harris
13. Birthplace S.C.

MOTHER
14. Maiden Name Lula Lambeth
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-43 (month) (day) (year)
(c) Cemetery or crematory Thomasville Cem
Location Thomasville N C

18 (a) Funeral director William M Marsh
(b) Address 715 Lyon St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 15 1943, at 345 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943 to MAR 15 1943, and that I last saw h.R alive on MAR 15 1943.

	Duration
Immediate cause of death Heart failure	
Due to Coronary occlusion?	½ hr
Due to	
Other Conditions Bladder (urinary) tumor	

(Include pregnancy within 3 months of death)
Date of operation Feb 12, 1943
Major findings of operation: Urinary bladder cancer
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Pope L Hearst
Address Thos Upshur Hosp. Date signed 3/17/43 M. D.

C 02183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5102 Curtis Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5102 Curtis Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank R. ~~Sgobara~~ Sgpara

3 (b) If veteran, name war —
3 (c) Social Security Account No. — —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	— —

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	2 ½		hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank J. Sgpara
13. Birthplace Blakley Pa

MOTHER
14. Maiden Name Cath Hogan
15. Birthplace Balto Md

16 (a) Informant Mrs E Sgpara
(b) Address 5102 Curtis Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Rd

18 (a) Funeral director John J Emmy
(b) Address 1600 Hollins St.

19 (a) (Date received by local registrar) (b) Huntington Williamsport

VS 6 MAR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13- 1943 at 10 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Upper Respiratory Infection	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-13-43

S-02184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G-02184

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Lyndhurst Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Lyndhurst Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Philip Glass.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex male
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 1 Months 5 Days 4 If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert J Glass
13. Birthplace Balto

MOTHER
14. Maiden Name Loretta Lesnow
15. Birthplace Baltimore

16 (a) Informant Louis J. Glass MD
(b) Address 836 Walbrook Bld

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory The Assumption
Location East Syracuse N Y
18 (a) Funeral director Anthony Inc
(b) Address 414 N Franklintown rd
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15 1943 to 3-15 1943, and that I last saw h in alive on 3-15 1943

Immediate cause of death Asphyxia — Duration

Due to inhalation of a foreign body

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-15-43 at 1:45 P.M.
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Dad
(e) Means of injury Inhalation of Foreign

23. Signature Simon M. Cheslock
Address WBGN Date signed 3/16/43
Howard J. Gladden M.D.
Chief Medical Examiner

MAR 16 1943

02185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 13C

G 02185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2435 South Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2435 South Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANDREW TALLO

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 15 1943
18 (a) Funeral director
(b) Address

19 MAR 15 1943 (b) Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1943 at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Tuberculosis pulmonary	
Due to acute bronchopneumonia	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation ho
Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmaker M.D. Medical Examiner.
Date signed 2-24-43

9901

C 02186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. C 02186

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bellona Ave. 2712
(c) Hospital or institution: Edgewood Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 3 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Carrollton (If outside city or town limits, write RURAL and give town)
(d) Street No. Carrollton Md (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country —

3 (a) FULL NAME Benj. Bohen Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Adelle S. Jones

6 (c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): Sept. 15 1863

8. AGE: Years 79 | Months 5 | Days 28 | If less than one day: hr. 29 min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: retired

11. Industry or business: —

FATHER
12. Name: Levin Jones
13. Birthplace: Md.

MOTHER
14. Maiden Name: Jeanette Bohen
15. Birthplace: Md.

16 (a) Informant: Col. Bailett
(b) Address: 1010 St Paul St.

17 (a) Cremation (Burial, cremation, ~~or removal~~) (b) Date thereof 3-16-43 (month) (day) (year)
(c) Cemetery or crematory: London Park.
Location: Balto. Md.

18 (a) Funeral director: Stewart Mortuary Co.
(b) Address: 1018 W Mt. Ave.

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14/43 19 , at 6 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10/43 19 , to 3/14 1943, and that I last saw h[illegible] alive on 3/14/43 19 .

Immediate cause of death: Chronic Hypertrophy Cardio Vascular

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

Duration: Yrs. —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature: H W Johnston M. D.

Address: 4309 York Rd Date signed: 3/15/43

VS 2

C 02187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 ✓ Registered No. C 02187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd.
(c) Hospital or institution: Ventura Stone II
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 W Monument St. (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No) If yes, name country

3 (a) FULL NAME Maurice Sharman

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 212-07-2041

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced.

6 (b) Name of husband or wife: Amanda Randell
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Nov-2-1881

8. AGE: Years 61 | Months 4 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace Charlottesville Va. (Town, county, and state)
10. Usual Occupation Purchasing Agt.
11. Industry or business Penna Water Power Co.

FATHER
12. Name Charles Sharman
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Sandleton
15. Birthplace Virginia

16 (a) Informant Mrs. J. R. Walls (sister)
(b) Address 4 Beechdale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location New York City

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. SOUTH AVENUE

19 (a) 3/15/43 (Date rec'd by registrar) (b) ___ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943, to March 14 1943, and that I last saw h~~im~~ alive on March 14 1943.

Immediate cause of death	Duration between onset and death
Acute Dilatation of Heart	
Due to Lobar Pneumonia	11 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature F. Labotte Ewalt M. D.
Address 7945 St Paul St Date signed March 15/43

VS 8

C 02188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

C 02188

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 Aisquith St.
(c) Hospital or institution:

5-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Aisquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William N. Polley.

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Carrie Polley.
6 (c) If alive, give age Date

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 69 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Estella Butts
(b) Address 510 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Poplar Grove

18 (a) Funeral director Robert L. Young
(b) Address 804 W. Caroline St

19 (a) MAR 15 1943 (Date received by registrar) Huntington W. Gilchrist, Registrar Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943, at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 19 43 to March 19 43 and that I last saw him alive on Mar 12 19 43

Immediate cause of death: Chronic Nephritis — Duration: 4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J. Allen
Address 121 Aisquith St. Date signed 3-15-43

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 02189 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greene & Redwood

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)

(d) Street No. 1729 E. Preston St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Kane (John Henry Kane)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1900

8. AGE: Years 42 Months 4 Days 24 If less than one day hr. min.

9. Birthplace St. Mary's County Md (town, county, and state)

10. Usual Occupation Cook

11. Industry or business (Private Home)

FATHER 12. Name Henry Kane

13. Birthplace St. Marys County Md

MOTHER 14. Maiden Name Alelia Curtis

15. Birthplace St. Mary's County Md

16 (a) Informant Phillip Kane

(b) Address 1630 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park

Location

18 (c) Funeral director Robert J. Gound

(b) Address 804 N. Carlton St.

19 (a) [illegible] (b) Huntington Ind.

MAR 15 1943

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 15 1942 to March 12 1943 and that I last saw him alive on March 12 1943.

Immediate cause of death Lobar pneumonia - Right

Due to

Due to

Other Conditions Pneumococcic Meningitis Empyema, Right Chest.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. T. Raley M.D. M. D.

Address University Hospital Date signed March 14 1943

C 02150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 ✓

C 02150

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 10

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 9m. 10d.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 12 205 Walcot ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Phyllis CRAYCRAFT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

Bef. 5, 1941

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10

8. AGE: Years	Months	Days	If less than one day
1	5	10	hr. min.

9. Birthplace Ky

(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name RONALD E. CRAYCRAFT

13. Birthplace Ky.

MOTHER

14. Maiden Name HELEN L. YORK.

15. Birthplace Ky.

16 (a) Informant Ronald E. Craycraft.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43 (month) (day) (year)

(c) Cemetery or crematory

Location South Portsmouth Ky.

18 (a) Funeral director John E. Mitchell Son

(b) Address 1 E. Centre Place Baltimore

19 (a) MAR 15 1943 (Date rec'd by registrar) (b) Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 15 1943 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 14 1943 to MAR 15 1943 and that I last saw h & R alive on MAR 15 1943.

Immediate cause of death Pneumonia & Carcinoma Ovarian Cystic

Due to

Due to

Other Conditions Pneumonia, L.U.L.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Francis W. Kibbe M. D.

Address Johns Hopkins Hosp. Date signed 3/16/43

02191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. C 02191

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 Frederick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 Frederick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Emory Albert Keerle Jr

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1943

8. AGE: Years | Months | Days | If less than one day: 8 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Emory Albert Keerle
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Violet H. Miller
15. Birthplace Howard Co. Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cemetery
Location Pfeiffer's Corner
18 (a) Funeral director Edston Sons
(b) Address Ellicott City, Md.

MAR 16 1943 (b) Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1943 at 4:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1943 to 3-15 1943.
and that I last saw h[illegible] alive on 3/15 1943.

Immediate cause of death
Due to Premature

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lankester M. D.
Address 679 Washington Blvd Date signed 4/15/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

C 02192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. C 02192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. 04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 McHenry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leroy R. Daniels Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29-1942

8. AGE: Years	Months	Days	If less than one day
—	3	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leroy R. Daniels
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret V. Heppenstall
15. Birthplace Balto Md.

16 (a) Informant Margaret V. Daniels
(b) Address 2131 McHenry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director George L. Lehnert
(b) Address 2101 Frederick Ave.

19 (a) MAR 16 1943 (Date rec'd by registrar) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry of the facts thereon and from the evidence obtained by said inquiry had that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Interstitial bronchial pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 14 1943

VS 6

C 02193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Louisiana (b) County
(c) City or town Algiers (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Pacific Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Guillot

3 (b) If veteran, name war

3 (c) Social Security Account No. 433-09-6479

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife none.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 6th 1911

8. AGE: Years	Months	Days	If less than one day
32 yrs.	2	9	hr. min.

9. Birthplace Algiers La. (Town, county, and state)
10. Usual Occupation Shipyard worker
11. Industry or business Bth - Fairfield Co.

FATHER
12. Name C. H. Guillot
13. Birthplace Louisiana

MOTHER
14. Maiden Name Catherine Haag
15. Birthplace — La.

16 (a) Informant Self.
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory New Orleans
Location Louisiana

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

MAR 16 1943 (Date rec'd by registrar) Huntington Williams Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1943, at 6.4M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1943, to 3-15 1943, and that I last saw h[illegible] alive on 3-15 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Toxemia	
Due to Pneumonia + Septicemia	
Other Conditions Fever	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: Pneumonia + Septicemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Pearce Macauley M.D.
Address University Hosp Date signed 3-15-43

VS 180

02194 — BALTIMORE CITY HEALTH DEPARTMENT — Registered 02194

CERTIFICATE OF DEATH

48B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5320 Hamlin Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Irving Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret C. Tinkler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Robert G. Tinkler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9th 1866

8. AGE: Years	Months	Days	If less than one day
76	5	5	hr. min.

9. Birthplace Ellicott City Md.
(Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business —

FATHER
12. Name (Unknown) Isel
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Doris L. Tinkler
(b) Address 12 Irving Place - Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto. Md.

18 (a) Funeral director William Bok Inc
(b) Address 127 W. Saratoga St Baltimore, Md.

MAR 16 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14th 1943, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Mar 14 1943, and that I last saw h[illegible] alive on Mar 14 1943.

Immediate cause of death Cerebral Hemorrhage,
Due to Carcinoma of Uterus
Due to Senility
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: —

Duration
2 days
3 Mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Charles J. Wells M.D.
Address 5276 York Rd Date signed Mar 15 43

VS 180

02195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. C 02195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1225 S. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 S. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabella Given

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband of Roman D. Given

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8th 1867

8. AGE: Years 75 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Scotland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER 12. Name John Hardie

13. Birthplace Scotland

MOTHER 14. Maiden Name ? Vaughan

15. Birthplace Scotland

16 (a) Informant Pauline Tottel

(b) Address 1225 S. Carey St

17 (a) Burial (b) Date thereof 3/17/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director William Cook Inc

(b) Address 127 St. Paul St

19 (d) MAR 16 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14th 1943 6 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to March 1943. and that I last saw her alive on 3/14, 1943.

Immediate cause of death Cardiac Failure

Due to Myocardial Insufficiency

Due to Arteriosclerotic

Due to Hypertension Cardio-vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 6 months
4 years
8 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edgar G. Miller

Address 2673 Huntington Ave Date signed 3/15/43

VS 184

G 02196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

Registered No. G 02196

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 OLDHAM ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME JOHN C. WILSON

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. 226-03-9062

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife ADA L. WILSON

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) OCT 20, 1914

8. AGE: Years 28 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace SUNBURY N. C. (Town, county, and state)

10. Usual Occupation WELDER

11. Industry or business BETHLEHEM SHIP CO

FATHER 12. Name HAY WOOD WILSON
13. Birthplace SUNBURY N.C

MOTHER 14. Maiden Name WILLIE ETTA BRANTON
15. Birthplace SUNBURY N. C.

16 (a) Informant J. H. PEARCE
(b) Address 1801 TOLSON AVE

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory PARKERS CHURCH.
Location GATES CO. N. C.

18 (a) Funeral director Ulysses Funeral Home
(b) Address 2008 Orleans St.

19 (a) MAR 16 1943 (Date received by Registrar) Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15/43 19 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12/43 19 to 3/15/43 19, and that I last saw h[illegible] alive on 3/15/43 19.

Immediate cause of death: Respiratory failure — Duration

Due to: Purulent pneumococcal pericarditis

Due to: Lobar pneumonia — type II

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Horsley MD

Address Sinai Hospital. Date signed 3/15/43

VS 3

C 02197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

C 02197 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forrest St.
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos. 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Peter Henry

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1919

8. AGE: Years 24 | Months 1 | Days 24 | If less than one day hr. min. 6

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 16 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Seminary Hill 2d

18 (a) Funeral director J. J. Fahey & Son
(b) Address 1518 Light St.

19 (a) MAR 16 1943 Light St. Md. (Date received by Registrar) (Signature of Registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1943. at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943. to March 10 1943. and that I last saw h[illegible] alive on March 9 1943.

Immediate cause of death: Coronary Thrombosis ? — Duration: few hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond M. Cannon M. D.
Address 10 So. Bernice Ave Date signed 3-10-43

02108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

C 02108

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112-2 Division St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Infant Fowlkes

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced. .....

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) .....

8. AGE: Years ..... Months ..... Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business .....

FATHER 12. Name Alexander Fowlkes
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Bernice
15. Birthplace unknown

16 (a) Informant .....
(b) Address .....

17 (a) ..... (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL MAR 15 1943
Location

18 (a) Funeral director Commissioner of Health
(b) Address .....

19 (a) MAR 15 1943 Carlington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1943, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1943, to March 6 1943 and that I last saw him alive on March 6 1943

Immediate cause of death Debility of the Newborn

Due to Prematurity (5 mos)

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature G. H. Banfield M. D.
Address Provident Hospital Date signed March 13 43

VS 8

19208

Bus NIUS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02199

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Delight Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Otto Busenius

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Eliz. C. Busenius

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 12-20-1891

8. AGE: Years 61 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Merchant tailor

11. Industry or business

FATHER
12. Name Adolph Busenius
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Rodbaugh
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth C. Busenius
(b) Address 15 Delight Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Avenue

18 (a) Funeral director Albert L. Hilt
(b) Address 1606 N. Chester Street

19 (a) MAR 16 1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said ~~inquest~~ autopsy find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

~~of~~ autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed March 14 1943

VS 6

C 02200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153

C 02200 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 S. Hanover
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Gibson

3 (b) If veteran, name war

3 (c) Social Security Account No. 200-01-2388

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-23

8. AGE: Years 19 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER
12. Name James Gibson
13. Birthplace Ga.

MOTHER
14. Maiden Name Mattie Wise
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co. Md

18 (a) Funeral director James A. Stevens
(b) Address 1412 W. Fayette St

19 (a) MAR 16 1943 (b) Registrar Huntington Hollowell, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943 at 7 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to March 14 1943 and that I last saw her alive on March 4 1943

Immediate cause of death: Lupus erythematosus disseminata — Duration: 11 mos

Due to:

Due to:

Other Conditions: bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation: autopsy

Major findings of operation: autopsy: polyserositis bronchopneumonia

of autopsy: confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lehman Jr. M. D.
Address JHH Date signed 3-15

G 02201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 02201 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 Whitelock
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 Whitelock (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harriett Shellwood ✓

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	b	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Portobacco, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Hoey
13. Birthplace Md

MOTHER
14. Maiden name Susan Bolton
15. Birthplace Md

16 (a) Informant Mrs. Thos. Shellwood
(b) Address 1210 Whitelock

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17-1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Arbutus

18 (a) Funeral director Jno. Brooks
(b) Address 1463 N. Carey St

19 (a) (b)

MAR 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14/43 19 , at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7/43 to 3/14/43, and that I last saw h[illegible] alive on 3/14/43.

I [illegible] the cause of death Bronchial Pneumonia — Duration 7 days

Due to Senile Debility.

Other Conditions Chronic Leg Ulcer.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date 3/14/43 M. D.

PHYSICIAN

Underline the cause to which death should be charged statistically.

G 02202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 02202

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2135 Maisel St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2135 Maisel St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA E. STEPHENS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Howard B. Stephens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 18, 1882

8. AGE: Years	Months	Days	If less than one day
60	11	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name August Wolf
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Nickman
15. Birthplace Germany

16 (a) Informant Mr. Howard B. Stephens
(b) Address 2135 Maisel St.

17 (a) Burial (b) Date thereof 3/18/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) 3/16/43 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1943 at 5:03 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1943 to 3/14/43
and that I last saw h alive on 19

Immediate cause of death	Duration
Cerebral Hemorrhage	1 week
Due to	
Due to	
Other Conditions Arteriosclerosis Diabetes. (Include pregnancy within 3 months of death)	6 months

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mildred Dean
Address 2135 Maisel St. Date signed 3/15/43

VS 180

C 02293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

C 02293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Pearl St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARAH E. HOLLIDAY

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife John Holliday
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1894

8. AGE: Years	Months	Days	If less than one day
48	10	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Carroll
13. Birthplace St. Mary's Co., Md.

MOTHER
14. Maiden Name Lethie Holmes
15. Birthplace St. Mary's Co. Md.

16 (a) Informant John Holliday
(b) Address 204 Pearl St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ave
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 332 N. Schroeder St

MAR 16 1943 (b) Huntington Williams M.D. Registrar
(Date Rec'd by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1943 at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Intracranial Hemorrhage — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/3
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Mar 17, 1943 at 7 A.M.
(c) Where did injury occur? Light St & West St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury pedestrian struck by streetcar

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner)
Date signed 3-17-43

G 02204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 02204 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2071 Druid Park Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 8 S yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2071 Druid Park Drive
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Harry G Foreman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-01-0945

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cora S. Foreman
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Aug. 18. 1870

8. AGE: Years	Months	Days	If less than one day
70	6	26	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Moulder
11. Industry or business Iron Moulder

FATHER
12. Name Henry Foreman
13. Birthplace Baltimore City

MOTHER
14. Maiden Name Susie Brown
15. Birthplace Baltimore City

16 (a) Informant Cora S Foreman
(b) Address 2071 Druid Park Drive, Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Manchester, Md.

18 (a) Funeral director Jacob Winkelmann
(b) Address Manchester Md

19 (a) (b) Registrar

MAR 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 4:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942 to March 14 1943 and that I last saw h alive on March 14 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to Decompensation	
Auricular Fibrillation	
Due to Arteriosclerotic Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Wallerstein M. D.
Address 870 W. 36th St Date signed March 15/43

C 02205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. C 02205

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mason & Loudoun St
(c) Hospital or institution: University Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d
(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Talbot
(c) City or town Cordova
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Emory Swartz

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Emma Stafford

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1877

8. AGE: Years 65 | Months 7 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Marysville Pa.
(Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business —

FATHER
12. Name Leonard Swartz
13. Birthplace Penn.

MOTHER
14. Maiden Name Mary Rife
15. Birthplace Penn.

16 (a) Informant Mary Alice Swartz
(b) Address Cordova Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 18/43 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ Easton Cem
Location Maryland, Easton

18 (a) Funeral director John O. Mitchell & Son.
(b) Address 130 Eastern Ave. Easton Md.
Huntington Nottingham

19 (a) ___ (Date received by registrar) (b) ___ Registrar

MAR 16 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 1943. 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1943 to 3-15 1943. and that I last saw him alive on 3-15 1943.

Immediate cause of death Uremia — Duration 2 days

Due to Acute anuria — 3 days

Due to Benign Prostate Hypertrophy — years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3-11-43
Major findings of operation: Benign Prostate Hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Ryon Williams M. D.
Address Univ. Hosp. Date signed 3-15-43

C 02206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63B

C 02206 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2446 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Mary Ethel Parker

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-09-1581

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 8, 1880

8. AGE: Years	Months	Days	If less than one day
63	2	7	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Fred. George W. Parker
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Catherine Smith
15. Birthplace Maryland

16 (a) Informant Mrs. Adolph J. Truitt
(b) Address 1609 E 32nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17/43 (month) (day) (year)
(c) Cemetery or crematory Melrose Cem. Co.
Location Delmar Del.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place Baltimore, Md.

19 (a) MAR 16 1943 (b) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 11:57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1943, to March 15 1943, and that I last saw h[illegible] alive on March 15 1943.

Immediate cause of death	Duration
Cardio-Resp. failure	
Due to Pneumonia Bronchial	8 days
Due to ?	
Other Conditions Acute ruby fibrillation due to Pyelitis. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred B. Dixon M. D.
Address Union Memorial Hosp. Date signed 3-15-43

C 02207 ✓ C 02207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2624 N. Charles Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2624 N. Charles Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin L. Weber

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
✓	✓ None	Male	White	Single

6 (b) Name of husband or wife ✓ —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 28, 1884

8. AGE: Years	Months	Days	If less than one day
58	4	28	27 hr. min.

9. Birthplace Ohio (Town, county or state)
10. Usual Occupation Engineer - Canal Zone
11. Industry or business

FATHER 12. Name Charles J. Weber
13. Birthplace Ohio

MOTHER 14. Maiden Name Anna B. Moser
15. Birthplace Ohio

16 (a) Informant Helen A. Weber
(b) Address 2624 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 17/43 (Month) (Day) (Year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director John Ruthrauff Sons
(b) Address 1900 Eutaw Place

19 (a) MAR 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1943, at 9 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage of brain	
Due to	
Due to	
Other Conditions Suspended	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-15-43 at 8 P. M
(c) Where did injury occur? 2624 N. Charles St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Revolver
23. Signature Howard J. Haddaway M.D. Medical Examiner.
Date signed 3-16-43

VS 6

C 02208 ✓ C 02208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

T.N 57695 122B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ely Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1889

8. AGE: Years	Months	Days	If less than one day
53	2	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Kelly (D
13. Birthplace Maryland

MOTHER
14. Maiden Name -- (D
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 16 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cemetery
Location Govans Cliff Road

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light St.,

19 (a) MAR 16 1943 (Date received) Huntingtn Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1943, at 1 38 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7 1940 to 3-9 1943, and that I last saw h alive on 3-9 1943.

Immediate cause of death ? Partial intestinal obstruction — Duration ?

Due to Unknown cause

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-15-43

VS 150

E 02209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 02209
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Williemson

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1886

8. AGE: Years	Months	Days	If less than one day
56	7	1	hr. min.

9. Birthplace Tex. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Frank Jacobs Tile Co.,

FATHER
12. Name William Williemson
13. Birthplace U. S.

MOTHER
14. Maiden Name Mary Kelley
15. Birthplace U. S.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 16 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cemetery
Location Berryman Hill Road

18 (a) Funeral director John J. Fahey Sons
(b) Address 13 E English St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5 1943, at 5 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 22 1943 to 3-5 1943, and that I last saw h alive on 3-5 1943.

Immediate cause of death: Uremia — Duration: 1 week

Due to Hypertensive C.V. disease — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-15-43

430717 BALTIMORE CITY HEALTH DEPARTMENT C 02210

CERTIFICATE OF DEATH 540 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks 15
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4004 Liberty Hgts Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME HOWARD LEVINSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31-21

8. AGE: Years	Months	Days	If less than one day
21	6	15	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation STUDENT

11. Industry or business

FATHER 12. Name FRANK LEVINSON
13. Birthplace NY

MOTHER 14. Maiden Name HORTENSE HARRISON
15. Birthplace W VA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Levinson & Levy
(b) Address 902 Eutaw Place

MAR 16 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 15 1943, at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 1 1943, to MAR 15 1943, and that I last saw HIM alive on MAR 15 1943.

Immediate cause of death Respiratory Failure — Duration

Due to Bronchopneumonia

Due to Pontine Tumor — 2 W

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Illegible

Address Johns Hopkins Hosp. Date signed 3/16/43 D.

VS 150

C 02211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. C 02211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1731-Lamont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 26-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1731-Lamont Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Stafford

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Patrick Stafford
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 4/5/1884

8. AGE: Years	Months	Days	If less than one day
58	11	9	hr. - - - min.

9. Birthplace Wales, England
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Edward Hall
13. Birthplace England

MOTHER
14. Maiden Name Mary ?
15. Birthplace England

16 (a) Informant Patrick Stafford
(b) Address 1731-Lamont Ave

17 (a) Burial (b) Date thereof 3/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.
18 (a) Funeral director George J. Ruth Inc.
(b) Address 1725-Harford Ave.
19 (a) MAR 16 1943 Burial Permit for Willi...
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 14 1943 at 7 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Mar 14 1943
and that I last saw [illegible] alive on Mar. 14 1943

Immediate cause of death	Duration
Rupture esophageal varix	5 days
Due to Cirrhosis of liver	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. Strenger
Address 4026 Lanvale St Date signed 3-15-43

VS 8

*FEMALE WHITE STANDARD, WHITE ENGRAVING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02212 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital
Adm. 3/8/43 6:50 P.M.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County --
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. Seaman's Institute 211 Walnut Street
(If rural give location)
(e) Citizen of foreign country? -- No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM HENRY PHILLIPPE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
-	395-130-32	Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) July 17, 1886

8. AGE: Years	Months	Days	If less than one day
56	7	23	- hr. - min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business U.S.Dredge-Houston

FATHER
12. Name Samuel D. Phillippe
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Mary E. Horner
15. Birthplace Philadelphia, Pa.

16 (a) Informant Marine Hosp. Records
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16-43 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location #amden
18 (a) Funeral director A Ruth Slade
(b) Address 4907 York Road
19 (a) (Date rec'd by registrar) (b) Registrar

MAR 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1943, at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 8, 1943, to Mar. 10, 1943, and that I last saw him alive on Mar. 10, 1943.

Immediate cause of death	Duration
Lobar pneumonia, rt. middle and lower lobes;	1 Wk. ?
Arteriosclerosis, generalized, moderate	--
Due to	
Other Conditions Cholecystitis with stones. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: See above.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- (Specify type of place) While at work?
(e) Means of injury --

23. Signature W. S. Bean
W.S.Beap, Medical Director M. D.
Address U.S.Marine Hosp. Date signed 3/11/43

No. 44783

C 02213 ✓ C 02343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 S Robinson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Joseph Parker

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 705-12-1866

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna M Parker

6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): Oct 18 1894

8. AGE: Years 48 | Months 7 | Days 27 | If less than one day: hr. min.

9. Birthplace: Balto (Town, county, and state)

10. Usual Occupation: Boiler Maker

11. Industry or business: Bethlehem Fairfield

FATHER
12. Name: Wm Parker
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Bond Knox
15. Birthplace:

16 (a) Informant: Anna Parker
(b) Address: 9 S Robinson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 17 (month) (day) (year)
(c) Cemetery or crematory: Bella National
Location: Rural

18 (a) Funeral director: Ulrich Funeral Home
(b) Address: 2004 E Oliver St

19 (a) (Signature of local registrar) (b) Registrar

MAR 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14 1943, at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1943 to March 14 1943 and that I last saw him alive on March 14 1943.

Immediate cause of death: Lung Abscess — Duration

Due to: Lobar Pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William H. Fuesting, M.D.
Address: St. Joseph's Hosp. Date signed: 3-17-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02214 ✓ C 02214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 859 S. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 57 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 859 S. Dallas St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE CARSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Thomas F. Carson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1868

8. AGE: Years	Months	Days	If less than one day
75	1	24	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Thomas F. Carson
(b) Address 5111 Pelham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) MAR 16 1943 (Date rec'd by registrar) (b) Hampton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1943 to Mar 14 1943 and that I last saw her alive on Mar 14 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Dys
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Valentine M.D.
Address 1732 N. Broadway Date signed 3/15/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02215

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

C 02215 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1065 Myrtle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1065 Myrtle Ave (If rural give location)
(g) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Judson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Joseph Jenson | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Essex Co Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Washington
13. Birthplace Essex Co Va

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Emma Jones
(b) Address 1570 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director George T. Gibson Sr
(b) Address 1735 E Monument St

19 (a) (Date rec'd by registrar) (b) (Registrar)

MAR 16 1943

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943 at 10 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1943 to Mar 13 1943 and that I last saw her alive on March 13 1943.

Immediate cause of death: Myocarditis — Duration 6 mos.
Due to: Arteriosclerosis — 7
Due to — /
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1570 E Baltimore St Date signed 3/16/43

C 02216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02216 / 83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2138 Vine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2138 Vine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Wilson

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth V. Wilson
6 (c) If alive, give age: 53 years
7. Birth date of deceased (mo., day, yr.): October 16-1865
8. AGE: Years 77 | Months 4 | Days 28 | If less than one day: hr. min.
9. Birthplace: Rock Hall Md
(Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Nicholas Wilson
13. Birthplace: Md

MOTHER
14. Maiden Name: Mary L. Debrowler
15. Birthplace: Md

16 (a) Informant: Elizabeth V. Wilson
(b) Address: 2138 Vine St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 17. 1943 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Am
Location: Cty
18 (a) Funeral director: Lott & B. M. Walter
(b) Address: Pratt & Stricker Sts
19 (a) (Date received by Registrar) MAR 16 1943 (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14th 1943, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1943 to March 14 1943 and that I last saw h alive on Mar 3 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 10 days
Due to: Hypertension
Due to: Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Chas A Carter M. D.
Address 2145 W Balto St Date signed

C 02217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

C 02217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Don Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 259 N 31st St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Mary A. O'Connor.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-1878

8. AGE: Years 64 | Months 9 11 | Days 17 27 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Music Teacher

11. Industry or business —

FATHER
12. Name Wm P. O'Connor
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret - Collins
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Margaret M Fenn
(b) Address 506 E. 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mary M Woodfield
(b) Address 501 E. 32nd St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 11:49 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1943 to 3/14 1943. and that I last saw her alive on 3/14 1943.

Immediate cause of death: Malnutrition — Duration: 20 days

Due to: adeno carcinoma of recto-sigmoid junction

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krieg M.D.
Address Don Secours Hosp. Date signed 3/14/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02218 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1943 C 02218

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Preston St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Mary Genevieve Ryan

If U.S. Veteran specify WAR

(a) Residence: No. 907 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 yrs	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Tanygane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Nancy McGrain
(Address) 435 E 25th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Mar 17 1943

19. UNDERTAKER May & Mc Mansfield
(Address) 201 E 22nd St

20. FILED MAR 16 1943 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1943 to March 14, 1943

I last saw h W alive on March 14, 1943 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Coronary Occlusion	2 hours
Acute Cardiac Failure	6 hours
Generalized Arteriosclerosis	10 yrs
Arteriosclerotic Heart Disease	6 yrs

Other contributory causes (conditions):

Was an operation performed? none Date of

For what disease or injury?

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Israel Rosen M. D.

(Address) 2413 E Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 02219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02219 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 N. Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 11
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Linwood Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME JOHN MEINHARDT

3 (b) If veteran, name war no

3 (c) Social Security Account No. 218-09-2209A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Carvilla Rush
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov. 18, ~~1868~~ 1868

8. AGE: Years	Months	Days	If less than one day
74	3	24	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Brush Maker
11. Industry or business Pittsburgh Plate Glass

FATHER
12. Name ? Meinhardt
13. Birthplace Baltimore

MOTHER
14. Maiden Name Not Known
15. Birthplace Baltimore

16 (a) Informant Mrs. Carvilla Meinhardt
(b) Address 107 N. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Mar. 16. 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore County

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 (a) Huntington Williams M. D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12. 1943 at 8.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7/ 1943 to 3/12/ 1943, and that I last saw h[illegible] alive on 3/12/ 1943.

Immediate cause of death Bronchial pneumonia - Duration 3/10/43 -
Cerebral Hemorrhage (Left) 3/12/43
Due to arterial hypertension - 5 yrs.
Due to arterial sclerosis. 5 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Louis F. Krumbein M. D.
Address 722 N. Kenwood Ave. **Date signed** 3/14/43.

(over)

C 02220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 C 02220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 N. Fulton ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 632 N. Fulton ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Charles Richardson Kraft

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 16-1896

8. AGE: Years 47 | Months 0 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Walter S. Kraft
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Ana Desch
15. Birthplace Balto Md

16 (a) Informant Mrs Helen E. Kraft.
(b) Address 632 N. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Geo L. Boyer Jr
(b) Address 1512 Hollins St

19 (a) Huntington Williams M.D.
Registrar

MAR 16 1943

VS 244

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1943 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1923 to Nov 14 1943, and that I last saw h alive on Nov 13 43

Immediate cause of death: Myocarditis — Duration: 24 hrs

Due to: Influenza — Duration: 1 wk

Due to: Infection — Duration: unkn

Other Conditions: Mauvaise Nephrites

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Howard Kahn

Address 7027 N Charles St Date signed 3/17/43

G 02221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30E

Registered No. G 02221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1146 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-18-7420

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace No Known
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Venida Venus
(b) Address 1146 E Lombard

17 (a) Burial (b) Date thereof 3 (month) 16 (day) 43 (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Bradley Ave

19 (a) MAR 16 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12-1943, at 11:43 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Purulent Meningitis	
Due to	
Due to Syphilis.	
Other Conditions Acute fulminans Pericarditis	
Post-acute Bacterial Vegetation;	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 3-13-43

VS 6

G 02222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 67

Registered No. G 02222

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt Vernon Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 856 Lemon St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Reid

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C.	

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 23, 1941

8. AGE: Years	Months	Days	If less than one day
2	7	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Charles Reid
13. Birthplace ?

MOTHER
14. Maiden Name Marie Blew
15. Birthplace md

16 (a) Informant Marie Blew
(b) Address 856 Lemon st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Elroy O Wilson
(b) Address 1008 Bentley St

MAR 16 1943
(Date rec'd by registrar)

Waiting for Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 7:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Scurvy.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 14 1943

02223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163M

Registered No. G 02223

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 26-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Mayfield Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph M. Kraemer

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-0498

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Margaret Kraemer
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20 - 1901

8. AGE: Years	Months	Days	If less than one day
87	-	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Air plane Factory

FATHER
12. Name Frank M. Kraemer
13. Birthplace Petersburg Va

MOTHER
14. Maiden Name Mary Shaffmiller
15. Birthplace Baltimore

16 (a) Informant Frank M. Kraemer
(b) Address 3404 Mayfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director William Fiaufowski
(b) Address 1618 Eastern Ave

19 (a) (Signature of registrar) Huntington Williams M.D. Registrar

MAR 16 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943, at 9:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Asphyxiation due to carbon monoxide.	
Due to	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 17 1943 at 9:00 A.M.
(c) Where did injury occur? 3404 Mayfield Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? garage of home While at work? no (Specify type of place)
(e) Means of injury fumes from automobile exhaust
23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed March 17 1943

C 02224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

C 02224 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD. (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 GRANTLY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Baby Boy Bowling

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 16 1 9 43

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 1 hr. 15 min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name William Anthony Bowling
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Alma Rosalyn Israel
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Alma Rosalyn Bowling
(b) Address 734 Grantley St. Balto. Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 16 /43 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) MAR 16 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16-43 19 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16- 1943 to 3-16- 1943 and that I last saw him alive on 3-16- 1943

Immediate cause of death: Congenital Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp Date signed 3-16-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 02225 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN WRIGHT

3 (b) If veteran, name war: W W

3 (c) Social Security Account No. 247-01-5935

4. Sex: M | 5. Color or race: Colo | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ollie L. Wright

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1893

8. AGE: Years 49 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Sumter S.C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Ollie L. Wright

(b) Address 734 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17 43 (month) (day) (year)

(c) Cemetery or crematory National Cem

Location

18 (a) Funeral director Mr Kate K. Williams

(b) Address [redacted] Schroeder St

19 (a) (Date rec'd by registrar) (b) Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1943 at 11 55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death — Duration

Pneumonia, lobar — left

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wullenweber M.D. Medical Examiner.

Date signed 3-12-43

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 02226

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 N. Shroeder St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Shroeder St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BETTIE DE SHIELDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Charles DeShields
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26, 1881

8. AGE: Years	Months	Days	If less than one day
61	2	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Green
13. Birthplace Charles Co., Md.

MOTHER
14. Maiden Name Lucinda Funstall
15. Birthplace Essex Co. Virginia

16 (a) Informant Charles DeShields
(b) Address 113 N. Shroeder St

17 (a) Burial (b) Date thereof March 16-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) [redacted] Schroeder St

19 (a) (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 11 1943, at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquest)
obtained by said " find that said deceased came
(Autopsy or Inquest)
to death on the day stated above.

Immediate cause of death Diabetes mellitus — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 3-12-43

VS 6

G 02227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4401 Powell ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Powell ave
(If rural give location)
(e) Citizen of foreign country? Austria (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Svatos

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Svatos
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 27 1879

8. AGE: Years	Months	Days	If less than one day
63	8	16	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Baker - Retired
11. Industry or business

FATHER
12. Name Charles Svatos
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Marie Svatos
(b) Address 4401 Powell ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Frank Svach & Son
(b) Address 900 N. Chester St

MAR 16 1943
(Date rec'd by registrar) (b) Taylor Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1943, at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy, found that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 3-16-43

VS 6

Physicians: please write the causes of death clearly and legibly. Answer all questions as completely as possible. Omissions will cause unnecessary delay and correspondence.

G 02228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02228 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 Jefferson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Jefferson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank M Ralls

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Gertrude Ralls
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9 - 1868

8. AGE: Years	Months	Days	If less than one day
75	—	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired Chauffeur
11. Industry or business Coal business

MOTHER / FATHER
12. Name Frank Ralls
13. Birthplace Virginia
14. Maiden Name Ellen Clauderbuck
15. Birthplace Virginia

16 (a) Informant Ada V. Reinhardt
(b) Address 2306 Jefferson St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery or crematory
Location Hagerstown, Md.

18 (a) Funeral director E. Miles Zamoiski
(b) Address 1003 W. Baltimore St.

MAR 16 1943 (Registrar) Washington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943 at 11:20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1943, to Mar 16 1943, and that I last saw him alive on March 15 1943.

Immediate cause of death	Duration
Cerebral Thrombosis (Left Hemiplegia)	7 days
Due to Coronary Sclerosis	
Due to Gen. Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Ayd
Address 2005 E. Monument St Date signed 3/16/43 M. D.

C 02229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

C 02229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie S. Major

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/16/1903

8. AGE: Years	Months	Days	If less than one day
39 39	3	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Dressmaker & Clerk
11. Industry or business

FATHER
12. Name Allen Major
13. Birthplace Accomac Co. Va.

MOTHER
14. Maiden Name Arintha West
15. Birthplace Accomac Co. Va.

16 (a) Informant Arintha Major (Mother)
(b) Address 2026 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (a) MAR 16 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/43 19 at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943 to 3/12 1943.
and that I last saw h alive on 3/12 1943

Immediate cause of death
(a) Bronchial Pneumonia — Duration 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. F. Hatchett M.D.
Address 1 W St. Date signed 3/15/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/21a

G 02230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 W. Cross Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 W. Cross Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME IRENE R. LOCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Daniel A.
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) March 5, 1872

8. AGE: Years	Months	Days	If less than one day
71	-	10	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Williams
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name SUSAN CARSON
15. Birthplace Baltimore, Maryland

16 (a) Informant Daniel A. Lock
(b) Address 626 W. Cross Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director M. J. Sadowski & Son
(b) Address 1808 Eastern Ave.

19 MAR 16 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943 at 11 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1943 to March 15 1943 and that I last saw h-r alive on March 15 1943.

Immediate cause of death	Duration
Myocarditis	1 year
Due to Nephritis Hypertension	3 yrs 3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Lock
Address 517 Scott St. Date signed 3/16/43

VS 150

C 02231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02231 Registered No. 117B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 58 E. Main St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Kroop

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mrs Sarah Kroop
6 (c) If alive, give age [redacted] years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation shoemaker
11. Industry or business

FATHER
12. Name Joseph Kroop
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie ?
15. Birthplace Russia

16 (a) Informant Bertrude Kroop
(b) Address Westminster, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd + Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 [illegible] (Signature of registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1943 to Mar 15 1943, and that I last saw him alive on Mar 15 1943.

Immediate cause of death	Duration
Hemorrhage from duodenal ulcer	
Due to	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)
Date of operation 3-10-43
Major findings of operation Bleeding ulcer duodenum which was helped by adhesions
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ellis Snader M. D.
Address Your Hosp. Date signed 3/16/43

VS 180

C 02232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

C 02232 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hilda Varsutsky

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Jacob
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-72

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Russia (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

MOTHER / FATHER
12. Name Harris Feldstein
13. Birthplace Hungary
14. Maiden Name Sofia Feldstein
15. Birthplace Hungary

16 (a) Informant Mary Feinstein
(b) Address 2120 Wilkins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43 (month) (day) (year)
(c) Cemetery ~~cemetery~~ Park Rd
Location Mount Montefiore Cem

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) MAR 18 1943 Funkington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16, 1943, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1943, to 3-16 1943, and that I last saw h~~er~~ alive on 3-16 1943.

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Generalized Arterio-Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 3/16/43

C 02233 C 02233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 W Lanvale st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 W Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda White
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife George White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. - 1877

8. AGE: Years 65 | Months 10 | Days — | If less than one day hr. min.

9. Birthplace Essex Co Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John McGuire
13. Birthplace Va

MOTHER
14. Maiden Name Mariah
15. Birthplace Va

16 (a) Informant Geo White
(b) Address 1003 W Lanvale st

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-19-43 (month) (day) (year)
(c) Cemetery or crematory Harris
Location Fredericksburg Va

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave

19 (a) Huntington Williams, M.D. (Registrar) Registrar

MAR 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 6:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to March 14 1943. and that I last saw her alive on March 14 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration March 14
Due to Hypertension
Cardio Vascular Renal
Due to Uremia
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo Eichelberger M. D.
Address 805 W Franklin Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 02234 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Coldspring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 E. Pratt Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME John Ziolkowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Constance Ziolkowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 23, 1870

8. AGE: Years	Months	Days	If less than one day
72 73	2	22	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Ziolkowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Daughte
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cemetery
Location German Hill Road

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester St.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MAR 17 19

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1943 to March 15 1943, and that I last saw him alive on March 12 1943.

Immediate cause of death Chronic myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Cutterman
Address 2324 Remington Rd Date signed 3/16/43 M. D.

C 02235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 02235 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 76 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Schoenfelder

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-26-65

8. AGE: Years	Months	Days	If less than one day
77	4	14	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Fischer
13. Birthplace Germany

MOTHER
14. Maiden Name Breil
15. Birthplace Germany

16 (a) Informant Miss Marie Schoenfelder
(b) Address 2913 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director George M. Schwab
(b) Address 2101 Frederick Ave

19 (a) (b) Huntington Williamsport, Md.

MAR 16 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4- 1943 to 3-14 1943 and that I last saw h[illegible] alive on 3.14 1943.

Immediate cause of death	Duration
Chr. Emphysematous	10 yr
Due to Arterio Sclerosis	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Milner Rambo
Address 1901 Eutaw Pl Date signed 3/25/43

C 02236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. 12536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton and Wilkens Ave

(c) Hospital or institution St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 701 Glen Allen Drive (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Luckel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Geo. W. Luckel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/12/64

8. AGE: Years	Months	Days	If less than one day
78	8	3	hr. min.

9. Birthplace NY. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER 12. Name Ruppert Valentine

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Nicholetz

15. Birthplace Germany

16 (a) Informant Mrs. Florence A. Stephan

(b) Address 701 Glen Allen Dr.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/18/43 (month) (day) (year)

(c) Cemetery or crematory Lutheran Cemetery

Location Long Island, New York

18 (a) Funeral director Harry H. Nitzhe

(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams

MAR 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16 1943 at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1943 to 3/15 1943 and that I last saw her alive on 3/15 1943.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/12/43

Major findings of operation: Ca of Stomach

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature P. Arthur Rosberg

Address St. Agnes Hosp Date signed 3/16/43

C 02237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No. C 02237

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 N. Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 N. Patterson Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 Yrs. years

3 (a) FULL NAME Antonio Tiracchia

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1876

8. AGE: Years	Months	Days	If less than one day
66	10	7	hr. min.

9. Birthplace Tornareccio Italy
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Self

FATHER
12. Name Luigi Tiracchia
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Giuseppa Di Stefano
15. Birthplace Italy

16 (a) Informant Jennie Tiracchia (Wife)
(b) Address 501 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.
18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.
19 (a) [illegible] registrar Huntington Williams, M.D.

MAR 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14/43 19 at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 rd 1942 to March 14 1943. and that I last saw him alive on March 14 1943.

Immediate cause of death
Pulmonary Edema
Duration 3 Months
Due to Headaches
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Tankard M. D.
Address 100 N. Milton Ave Date signed 3/16/43

C 02238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 116

Registered No. C 02238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Drew and Redwood
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Monkton (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lutitia Rodgers

3 (b) If veteran, name war None
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. a divorced

6 (b) Name of husband or wife See Alexander
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 3, 1886

8. AGE: Years 56 | Months 11 | Days 13 | If less than one day: hr. min.

9. Birthplace Kentucky U. S. A (Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business Private Homes

FATHER
12. Name Julian Rodgers
13. Birthplace Kentucky U.S.A

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Flora Funk
(b) Address 417 W. 10th. Indianapolis Ind

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 20, 1943 (month) (day) (year)
(c) Cemetery or crematory Indianapolis
Location Indianapolis Ind.

18 (a) Funeral director Landon M. Brooks
(b) Address Speedway Ind.

MAR 16 1943 (Date rec'd by registrar) Arrington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943, at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 19 1943, to March 16 1943, and that I last saw her alive on March 16 1943.

Immediate cause of death: Benign oesophageal obstruction — Duration

Due to Peripheral vascular collapse during operation

Due to Ca obstruction

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Benign oesophageal obstruction

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. I Raby M.D. M. D.
Address University Hospital Date signed March 16, 1943

VS 180

C 02239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 32B

C 02239 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 N. Highland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N. Highland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? U.S.A. years

3 (a) FULL NAME Vincent J. Arrigo.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 247- 14 *7143

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gladys Inez Arrigo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1909

8. AGE: Years 33 Months 8 Days 25? If less than one day hr. min.

9. Birthplace Baltimore City.
(Town, county, and state)

10. Usual Occupation ~~Electrician~~ Electrician

11. Industry or business

FATHER
12. Name Ignazius Arrigo.
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Sgarlata
15. Birthplace Italy

16 (a) Informant Gladys I. Arrigo.
(b) Address 606 N. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18th. 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Ave.

18 (a) Funeral director Frederick Miller Inc.
(b) Address 3019 E. Monument. St.

19 MAR 17 1943 Huntington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 15th. 1943, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1943 to 3-15- 1943.
And that I last saw h[illegible] alive on 3-15 1943.

Immediate cause of death Exhaustion — Duration 4 day

Due to Continuous Vomiting. — 4 days

Due to Gastro intestinal Grippe — 4 days

Other Conditions Alcoholic Gastritis — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. D. Emmert M.D.
Address Medical arts Bldg Date signed 3-16-43

VS 3

02240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 02240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 S. Bonsal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 S. Bonsal st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME May E. Comey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George O. Comey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24th 1880

8. AGE: Years 62 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business Own Home

FATHER
12. Name John Thomas Sebastian
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Julia A Collins
15. Birthplace Washington D.C.

16 (a) Informant Geo O. Comey
(b) Address 419 S. Bonsal st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery Greenmount
Location Balto. Co. Md.

18 (a) Funeral director McKleaver Cook Inc
(b) Address 1217 St. Paul ST

19 MAR 17 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 16th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/23/43 1943 to 3/16/ 1943 and that I last saw her alive on 3/16/ 1943.

Immediate cause of death Cerebral hemorrhage — Duration 3 wks.

Due to

Due to

Other Conditions Hypertensive cardio vascular disease
(Include pregnancy within 3 months of death) — ?

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Levitt M. D.

Address 1226 Hanover St Date signed 3/16/43

VS 150

G 02241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163 H

Registered No. G 02241

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 95 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 Hollins street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Douglas Y. Bough

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 41 62

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Naomi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business Grocery Store
12. FATHER Name Richard Bough
13. Birthplace Va.
14. MOTHER Maiden Name Mary A Clemons
15. Birthplace Va.
16 (a) Informant James A Williamson
(b) Address 3391 Cardenas Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md
18 (a) Funeral director Mathews & Sons
(b) Address 1214 Pont St
MAR 17 1943 (Date rec'd by registrar) Washington Williamson (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12-1943, at 4:25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation
Due to: Illuminating gas
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Date of operation:
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mathews M.D.
Medical Examiner.
Date signed 3-13-43

VS 6

G 02242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G 02242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 St. Paul St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 St. Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMILY HINOS WHITE

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Henry White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16 1867

8. AGE: Years 75 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name William S. Hinds
13. Birthplace Seaford, Del.

MOTHER
14. Maiden Name Emily M. Benson
15. Birthplace Cambridge, Md

16 (a) Informant Mrs. A. L. Byer
(b) Address Cleveland, Ohio

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Mar 17 1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Williams Cook Low
(b) Address 1217 St. Paul St.

MAR 17 1943 (b)
(Date received by Registrar) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15/43 19 , at 9 0 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27/43 19 19 19 , and that I last saw h alive on 3/15/43 19 .

Immediate cause of death Uraemia Hopecarabis — Duration

Due to Cardiac Renal — 3 mo

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clinton Grant L MD

Address 817 Cathedral Date signed 3/16/43 M.D.

02213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 02213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 Aldeshire Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Aldeshire Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillie Rebecca Bannon
3 (b) If veteran, name war W
3 (c) Social Security Account No. W D E
4. Sex Female
5. Color or race Wht
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife John A
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, year) June 14 1863
8. AGE: Years 80 Months 2 Days 2 If less than one day hr. min.
9. Birthplace Harrisburg Pa (Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Frederick Erb
13. Birthplace Germany
MOTHER 14. Maiden Name Caroline Brown
15. Birthplace Germany
16 (a) Informant Mrs Sarah Kendall
(b) Address 301 Aldeshire Ave
17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery or crematory Harrisburg Pa
Location Harrisburg Pa
18 (a) Funeral director Wilhorn & Sons Inc
(b) Address 1317 W Cont St
19 MAR 17 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943 at 2 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 2/1-43 19 to 3/16/43 and that I last saw h alive on 3/15/43 19
Immediate cause of death Myocardial Degeneration — Duration 3 yrs
Due to Arteriosclerosis — 6 yrs
Due to Chronic Nephritis — 3 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature T. J. Hayman M. D.
Address 1710 E 33rd St Date signed 3/17/43

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C 02214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

C 02214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4102 Idaho Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4102 Idaho Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME BARBARA HESS

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1853

8. AGE: Years	Months	Days	If less than one day
59 58	7	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business Hochschild Kohn & Co.

FATHER
12. Name John Hess
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Pemeisl
15. Birthplace Australia

16 (a) Informant Mrs. Robert F. Coggins
(b) Address 4102 Idaho Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (Date received by registrar) MAR 17 1943 Huntington Williams Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1943, at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 27 1943 to 3/12 1943, and that I last saw her alive on March 12 1943.

Immediate cause of death: Coronary Occlusion — Duration: 3 Days
Due to: Coronary Disease.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Hardesty
Address 4810 Belair Rd Date signed 3/13/43

C 02245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02245 Registered No. 33B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 S. Savage St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 S. Savage St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME TOIVO MATIAS MACKEY

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-07-3864

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Anna A. Mackey
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1898

8. AGE: Years	Months	Days	If less than one day
47	2	1	hr. min.

9. Birthplace Finnland (Town, county, and state)
10. Usual Occupation Crane Follower
11. Industry or business Bethlehem Steel

FATHER
12. Name Matias Mackey (Hiramaki)
13. Birthplace Finnland

MOTHER
14. Maiden Name Mary Uitto
15. Birthplace Finnland

16 (a) Informant Mrs. Anna Mackey
(b) Address 511 S. Savage St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 [redacted] 17 1943 (b) Huntington Nelligan MD Registrar
(Signature of local registrar)

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MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943 at 6:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to March 16 1943 and that I last saw him alive on March 16 1943

Immediate cause of death: Coronary Occlusion
Acute Cardiac Failure
Due to complicating Influenza
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy: None

Duration: 6 hours 1/2 hour 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413 E. Monument St. Date signed 3/16/43

C 02246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

C 02246

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Brunt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Brunt St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME RAYMOND RAMSEY

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 215-01-7137

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Divorced

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5 | 21 | 1895

8. AGE: Years	Months	Days	If less than one day
47	9	23	..... hr. ..... min.

9. Birthplace Drewryville, Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Coal Co.

FATHER
12. Name James Ramsey
13. Birthplace Canada

MOTHER
14. Maiden Name Ann Harris
15. Birthplace Virginia

16 (a) Informant Audrey Mae Wallace
(b) Address 1711 Brunt St.

17 (a) Burial (b) Date thereof 3/17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County

18 (a) Funeral director C. R. Lane
(b) Address 802 Harlem Ave

19 (a) [illegible] (b) Huntington Williams Registrar
MAR 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 2 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar

Due to .....

Due to .....

Other Conditions hrt

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. L. Wallacher M.D.
Asst Medical Examiner.
Date signed 3-14-43

correct age is especially important. Physicians: please write the causes of death clearly

C 02247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. C 02247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1134 Pennsylvania Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Bacon

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3 1920

8. AGE: Years	Months	Days	If less than one day
22	9	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Robert Bacon, Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Ethel Bowser
15. Birthplace Md.

16 (a) Informant Ethel Bacon
(b) Address 612 W. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md.

18 (a) Funeral director Mrs. Francis Hemsley
(b) Address 578 N. Biddle St. City

19 (a) [redacted] 1943 (b) Huntington Williams Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1943, at 11:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Stab wounds, neck & chest.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Mar. 13, 1943, 7:30 P.M.
(c) Where did injury occur? 1134 Pennsylvania Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Stabbing: Homicide

23. Signature Robert Ed Graham M.D. Medical Examiner.
Date signed March 16 1943

Prague C 02218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

C 02218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 W. Hughes ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Brown Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	married

6 (b) Name of husband or wife Mary Etta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1892

8. AGE: Years	Months	Days	If less than one day
50	5	13	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur Wilson
13. Birthplace Virginia

MOTHER
14. Maiden Name Virgin Brown
15. Birthplace Virginia

16 (a) Informant Mary Etta Wilson
(b) Address 115 W. Hughes St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Q. A. Co. Md

18 (a) Funeral director Daniel L. Brown & Son
(b) Address 108 W. Mount Pleasant Ave Baltimore, Md.

19 (a) MAR 17 1943 (b) Baltimore, Maryland
(Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1943 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & investigation thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & investigation find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteria sclerotic cardio vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed March 15 1943

correct age is especially important. Physicians: please write the causes of death clearly and

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02219 / 830 — Registered No. C 02219

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Biddle St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Augustus Smith

3 (b) If veteran, name war World War #1

3 (c) Social Security Account No. 213-01-6715

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Julia

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12 25 1892

8. AGE: Years 50 | Months 2 | Days 1516 | If less than one day hr. min.

9. Birthplace Dunn N. C. (Town, county, and state)

10. Usual Occupation manufacturer

11. Industry or business

FATHER 12. Name [illegible]

13. Birthplace [illegible]

MOTHER 14. Maiden Name [illegible]

15. Birthplace [illegible]

16 (a) Informant Mattie Bradley

(b) Address 612 W Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-43 (month) (day) (year)

(c) Cemetery or crematory Baltimore National Cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 847 E Pennsylvania ave

19 (a) MAR 17 1943 (Date rec'd by registrar) (b) Huntingtn Williamsport Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11- 1943, at 2:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1943, to March 11 1943, and that I last saw h[illegible] alive on March 11 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days

Due to

Due to

Other Conditions Arteriosclerosis Hemiplegia (Left).
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Bayless M. D.

Address Provident Hospital Date signed 3-12-43

correct age is especially important. Physicians: please write the causes of death clearly and

02250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 107

C 02250 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) > 1 mo 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Aberdeen.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret M. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5-1942

8. AGE: Years | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Aberdeen Md (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name August Martin

13. Birthplace Harford Co

MOTHER 14. Maiden Name Elsie Lovel

15. Birthplace Harford Co

16 (a) Informant Mrs. August Martin

(b) Address Aberdeen Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17-1943 (month) (day) (year)

(c) Cemetery or crematory Location Aberdeen Md

18 (a) Funeral director Henry Fanning Hosp.

(b) Address Aberdeen Md

19 MAR 17 1943 (Date received by Registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 16 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16/43 to 3/13/43, and that I last saw h[illegible] alive on 3:30 PM 3/13

Immediate cause of death Cardiac failure

Due to acidosis
possible intoxication

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Lowenstein M. D.

Address University Hosp. Date signed 3/17/43

C 02251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

C 02251 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Divine St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 Fremont Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence Cure

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-25-41

8. AGE: Years	Months	Days	If less than one day
1	15 +	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Lawrence Cure
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Emma Lowry
15. Birthplace Virginia

16 (a) Informant Emma Cure
(b) Address 1349 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. W. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) (b) Registrar
(Date received) MAR 17 1943 Huntington Avenue, M

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 6-25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1943 to March 15 1943, and that I last saw h[illegible] alive on March 15 1943.

Immediate cause of death: Bronchopneumonia
Due to: Diffuse Bilateral

Duration
24 days

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Banfield M. D.
Address Provident Hospital Date signed 3-16-43

correct age is especially important. Physicians: please write the causes of death clearly and

C 02252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 C 02252 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3436 S. Hanover (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Woodward

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-7567

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	6	27		

9. Birthplace Brooklyn Md (Town, county, and state)

10. Usual Occupation Iron Moulder Builder

11. Industry or business

FATHER
12. Name James B Woodward
13. Birthplace Va

MOTHER
14. Maiden Name Rose Lowery
15. Birthplace Md

16 (a) Informant Mrs Rose Woodward
(b) Address 3436 Hanover st Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marsch
(b) Address 715 Light St

19 (a) Huntington Williams, M.D. (b) Registrar

MAR 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 14 1943, at 3:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1943, to Mar. 14 1943, and that I last saw him alive on Mar. 14 1943.

Immediate cause of death Pneumonia — Duration 1 5 days

Due to Type 23 Pneumococcus

Due to

Other Conditions Cirrosis of Liver
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy: Permission denied.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos F Klemfelter
Address [illegible] Date signed 3/17/43

Morgue C 02253 BALTIMORE CITY HEALTH DEPARTMENT C 02253
Registered No.
CERTIFICATE OF DEATH 1937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 W. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar A Ward

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-8718

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60 59			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business Sea Board Freight Lines Inc

FATHER
12. Name Don't Know
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Miss Mildred E Alexander
(b) Address Box 245 Hyattsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 4 [illegible] St Washington

19 (a) MAR 17 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1943, at 3 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence (Autopsy or inquiry)
obtained by said autopsy & inquiry have that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration
Due to Acute pulmonary edema
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Eastman M.D.
Medical Examiner.
Date signed March 1 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly

C 02254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02254 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Typewriting is preferred. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Brewers St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Spruel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1901

8. AGE: Years	Months	Days	If less than one day
41	76	17	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Isaac Knox
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Fisher
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address

19 (a) MAR 17 1943 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 7 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1943, to March 15 1943, and that I last saw h alive on March 15 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hrs.
Due to Hypertension	10 yrs. ±
Due to	
Other Conditions	

Cerebral Hemorrhage 12 months ago
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. V. Palmer M. D.
Address University Hospital Date signed 3/16/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02255 / 94a

Registered No. C 02255

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 581 Oxford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 581 Oxford St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Waters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1848

8. AGE: Years 95 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs. Eva Green
(b) Address 581 Oxford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date re... MAR 17 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1943, at 3.46 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death: Coronary Thrombosis

Due to

Due to

Other Conditions Senility.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McCauley M.D. Medical Examiner.
Date signed 3/16/43

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and

C 02256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02256 / 943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2923 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2923 E. Madison St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lorens Wolff

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-07-0860

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Wolff (Vogt)

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1876

8. AGE: Years 66 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Pharmists

11. Industry or business Dannetel Drugest

FATHER
12. Name Antone Wolff
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Wettzel
15. Birthplace Germany

16 (a) Informant Mrs. Mary Wolff
(b) Address 2923 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/43 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Grindon Lane

18 (a) Funeral director L. Heemann and Son
(b) Address 22 S. Broadway

19 (a) (Date received) MAR 17 1943 Huntington Williams (Registrar) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1943, to March 15 1943, and that I last saw h[illegible] alive on 3/10 1943.

Immediate cause of death: angina Pectoris. — Stat. 5 Yrs

Due to: arterio-sclerosis arterial Hypertension. — 5 yrs

Due to:

Other Conditions: Obesity — 5 yrs.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Hans F. Krumeich M. D.
Address 722 N. Kenwood Ave. Date signed 3/15/43

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02257 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as far as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 E. Monument
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 E. Monument.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Schaefer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife Adolph Shafer
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Mar. 6. 1846

8. AGE: Years	Months	Days	If less than one day
97	9	10	hr. min.

9. Birthplace Latvia
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Carl Bergel
13. Birthplace Latvia

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Latvia

16 (a) Informant Mrs. Edw. Lotz.
(b) Address 3018 E. Monument.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Roland Ave.

18 (a) Funeral director J. Heuman & Son
(b) Address 32 S. Broadway

19 (a) (b) Huntington Williams, M.D.
(Date received by local registrar) JAN 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 16 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Mar 16 1943.
and that I last saw him alive on Mar 16 1943

Immediate cause of death: Arteriosclerotic Colitis — Duration: 2

Due to: Senile Debility — Duration: 3 days

Due to:

Other Conditions: Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert S. Sokoloff M.D.
Address 2939 W. Lafayette Ave. Date signed 3/16/43

C 02258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

Registered No. C 02258

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 Etting St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Etting St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Burgess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1871

8. AGE: Years	Months	Days	If less than one day
72	1	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Lulu Atkins
(b) Address 1220 Etting St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

MAR 17 1943 (Date rec'd by registrar) (b) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, '43 19 at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1943 to Mar 16 1943 and that I last saw h alive on Mar 16 1943

Immediate cause of death Cardio-Vascular Renal disease — Duration 2

Due to — Duration 1

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Heatley M. D.
Address 1230 Druid Hill a. Date signed 3/16/43

430985
C 02259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No. C 02259

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Montgomery
(c) City or town Bethesda (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Park Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Palmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-29-40

8. AGE: Years	Months	Days	If less than one day
2	7	17	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation a child
11. Industry or business

FATHER
12. Name Dr Carroll Palmer
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Margaret Palmer
15. Birthplace U.S.A.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) ~~Cemetery~~ crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 MAR 17 1943 (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 16 1943 19 . at 7-45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1943 to Mar 16 1943 and that I last saw him alive on Mar 16 1943.

Immediate cause of death Pneumonia · influenza and pneumococcal type VI

Due to

Due to

Other Conditions Asthma

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert O. Solomon
Address Johns Hopkins Hosp Date signed 3/16/43

C 02260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 02260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Balto. City.
(a) Baltimore City, Maryland
(b) Street address 130 S. East Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 S. East Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry M. Fogle

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Clennah B Fogle
6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) June 14, 1884

8. AGE: Years	Months	Days	If less than one day
58	9	1	hr. min.

9. Birthplace Rossville Md (Town, county, and state)
10. Usual Occupation Inspector - Maritime Comm.
11. Industry or business

FATHER
12. Name John Fogle
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ann Martin
15. Birthplace Maryland

16 (a) Informant John R. Fogle
(b) Address 3707 Hamilton Ave

17 (a) [illegible] Burial (b) Date thereof 3/18/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Dale Haven
Location Balto Md

18 (a) Funeral director Calvin B Mitchell Sons
(b) Address Balto, Md

19 (a) [illegible] (b) Huntington Williams
(Date received) Registrar
MAR 17 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 — 1943, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10- 1943, to 3-15- 1943, and that I last saw h[illegible] alive on 3-14- 1943.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Long continued Diabetes.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Adam C. Beetham, M. D.
Address 3179 E. Baltimore St Date signed 3-16-43

BEETHAM

C 02251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

C 02251 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Arsaschi

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Moravia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John
13. Birthplace Moravia

MOTHER
14. Maiden Name Marie ?
15. Birthplace Moravia

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Geo. Wiedefeld
(b) Address 947 Frummount Ave

19 MAR 17 1943 (Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 6.30pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1943, to Mch 15 1943, and that I last saw her alive on Mch 15 1943

Immediate cause of death: Edema of Lungs — Duration: 1 day
Due to: Chronic Myocarditis — 2 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed Mch 15-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 02252

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 E. Biddle St
(c) Hospital or institution: 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patrick J. Gillin

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-1092

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Quinn
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1885

8. AGE: Years	Months	Days	If less than one day
58	1	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Auto

FATHER
12. Name James Gillán
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann McEvoy
15. Birthplace Ireland

16 (a) Informant Mrs. Annie Gillin
(b) Address 704 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

MAR 17 1943 (b) [illegible] Registrar

(Not to be filled in by Registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943 to March 15 1943, and that I last saw h alive on March 15 1943.

Immediate cause of death: coronary disease — Duration: 1 dy

Due to arteriosclerosis — Duration: ?

Due to

Other Conditions: arthritis 7 years
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverfield M. D.
Address 714 E. Preston Date signed 3/17/43

C 02263 ✓ C 02263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 W. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN BLUE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) - - 1883

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Reato Thayer
(b) Address 524 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director William A. Julian
(b) Address 916 Edmondson Ave

19 (a) MAR 17 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 1943 at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic hypertrophy — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Wollenweber M.D.
Medical Examiner.

Date signed 3-14-43

VS 6

C 02264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927

C 02264 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.,
(c) Hospital or institution:
Edgewood Nursing Home,
(d) Length of stay in hospital or inst. (yrs., ~~months~~) 4
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George L. Heck,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, ~~married, widowed,~~ or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Aug 4 1852

8. AGE: Years 90 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Geo W Heck.
13. Birthplace Germany.

MOTHER
14. Maiden Name Mat Kuhn.
15. Birthplace Germany

16 (a) Informant Geo L. Spittel
(b) Address 9 Mt Rock Rd.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/17/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Cemetery Baltimore

18 (a) Funeral director Geo. H. Kumbach
(b) Address 525 N. Leyndhurst St.

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15/43 19 . at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1939 to 3/15/43 19 , and that I last saw h[illegible] alive on 3/14/43 19 .

Immediate cause of death
Chronic Valvular Heart Disease

Duration
7 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Whitaker M. D.
Address 4304 York Rd Date signed 3/15/43

correct age is especially important. Physicians: please write the causes of death clearly and

VS 8

C 02265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

C 02265 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6015 York Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 6015 York Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELLA WHITTHORNE HARVEY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Alexander Harvey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 1862

8. AGE: Years 80 | Months 8 | Days 15 | If less than one day: 20 hr. min.

9. Birthplace Okolona Miss.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name W. C. Whithorne
13. Birthplace Tenn

MOTHER
14. Maiden Name Jean Campbell
15. Birthplace Tenn

16 (a) Informant J. Barton Harvey
(b) Address Woodbrook P.O. Balto Md

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar. 16 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md

18 (a) Funeral director Jenkins
(b) Address Baltimore, Md

19 (a) (Date received by Registrar) MAR 17 [illegible]
Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th 1943, at 3 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 12th 1943, to March 16 1943, and that I last saw h[illegible] alive on March 16 1943.

Immediate cause of death: Myocardial [illegible]
[illegible] Pulmonic Tuberculosis
Due to Carcinoma Mammae
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation U
Major findings of operation: —
of autopsy: U

Duration: 1 year, 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Williams M. D.
Address 1368 N. Calvert St Date signed March 16 1943

02266

428481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114d Registered No. C 02266

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 S Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Kettlewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Raymond

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 11-3-20

8. AGE: Years 22 | Months 4 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace La. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Crotwell
13. Birthplace La

MOTHER
14. Maiden Name Ruth Sudcliffe
15. Birthplace La

16 (a) Informant Records Johns Hopkins Hospital
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore Co. Md.

18 (a) Funeral director Baby Mitchell & Sons
(b) Address 800 Eutaw Place City

19 (a) (Signature of registrar)
(b) Date received

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1943 at 3:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1943 to Mar 17 1943 and that I last saw her alive on Mar 17 1943.

Immediate cause of death Lung Abscess — Duration 2 yrs

Due to

Due to (ads)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Lung Abscess

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. Gordon M. D.
Address Johns Hopkins Hosp Date signed 3-17

VS 200

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 02267 ✓ C 02267

CERTIFICATE OF DEATH 46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 Dolphin St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 9 mo. 19 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie Jones

(a) Residence: No. 736 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara Jones

6. DATE OF BIRTH (month, day, year) Exact date Birth Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Apparently 62			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John Steward
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Lavinia Harding
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Irene A Pratt, Houghton
(Address) 736 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date Mar. 17 1943

19. UNDERTAKER Mrs Katie L Williams
(Address) 3209 Lakewood St

20. FILED Huntington Williams, Registrar.

MAR 17 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1943

22. I HEREBY CERTIFY, That I attended deceased from June 1942 to March 14 1943

I last saw her alive on March 13, 1943. Death is said to have occurred on the date stated above, at 5:40 PM

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction — Date of onset 3/5/43 (9 days)

Other contributory causes of importance: Carcinoma stomach — June 1942 (9 mo)

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R F Young, M. D.
(Address) 1424 E Monument Md

C 02268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

C 02268 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 Stockton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 Stockton Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hilda Onley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: A. A.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward Denton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1900

8. AGE: Years 42 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Accamac Co, Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Onley
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Elmira Moore - (daughter)
(b) Address 1417 N. Calhoun Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by Registrar) Huntington Williams M.D.

MAR 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12 1943, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9 1943 to 3/12 1943 and that I last saw h[er] alive on 3/12 1943

Immediate cause of death: Myocarditis — Duration: 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1802 Pennsylvania Ave Date signed 3/14/43

C 02269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

Registered No. C 02269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Apt. 685 Esplanade
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RALPH S GOLDHEIM

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Wd.

6 (b) Name of husband or wife Minnie B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1876

8. AGE: Years	Months	Days	If less than one day
67	2	-	hr. min.

9. Birthplace Balt. Md. (Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business

FATHER
12. Name Samuel Goldheim
13. Birthplace Trenton, N.J.

MOTHER
14. Maiden Name Biggie Cramer
15. Birthplace Phila. Pa.

16 (a) Informant Mrs. Leroy Goldheim
(b) Address Esplanade Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director David Sonneborn & Son
(b) Address 1902 Eutaw Place

MAR 17 1943 (Registered by Registrar) Hunting for Williams M.D. (Signature of Registrar)

V8 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943, at 7:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing of head	
Due to Jump from high place	
Due to	
Other Conditions Carcinoma of lung (Include pregnancy within 3 months of death)	
Date of operation No	
Major findings of operation:	
of autopsy: No	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 16, 1943 at 7:40 P.M.
(c) Where did injury occur? Mercy Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Jumped from 5th floor of

23. Signature H. W. Williams M.D.
Asst. Medical Examiner
Date signed 3-16-43 Hospital

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 02270

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 3yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nora Liesberger Friedlein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Jewish	widowed

6 (b) Name of husband Sigmund Friedlein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-1871

8. AGE: Years	Months	Days	If less than one day
71	4	21	23 hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Samuel (Lissberger) Liesberger
13. Birthplace Germany

MOTHER
14. Maiden Name Babette Gutman Schwarzschild
15. Birthplace Germany

16 (a) Informant Mrs Henry M. (Schwartzchild) Friedlein
(b) Address Marlborough Apts, Balto, Md.

17. Removal; Burial (b) Date thereof 3/18/43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Cem.
Location Richmond, Va.

18 (a) Funeral director Carrie Sonneborn & Son
(b) Address 1902 Eutaw Place

19. (a) Date received by registrar MAR 17 1943 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943, at 9.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1943, to 3-16 1943, and that I last saw her alive on 3-16 1943.

Immediate cause of death	Duration
Acute cardiac failure	3 days
Due to Pericardial Effusion	1 wk
Due to Arteriosclerotic Heart disease and Prolonged Pneumococcic type XXV pneumonia	7 19 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin C. LeCount M. D.
Address Union Memorial Hospital Date signed 3-16-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318 G 02271

G 02271

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Chance

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Claude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1908

8. AGE: Years	Months	Days	If less than one day
34	3	29	hr. min.

9. Birthplace N. C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jesse Bradley
13. Birthplace N. C.

MOTHER
14. Maiden Name Madeline Thorne
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 3-21-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cooper's Field
Location Bramble Md.

18 (a) Funeral director George A. Nelson
(b) Address 1303 Brehmman St

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1943, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1943 to 3-16 1943, and that I last saw h alive on 3-16 1943.

Immediate cause of death	Duration
Uremia	?
Due to Chronic nephritis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Robbins M. D.
Address Balt. City Hosp Date signed 3-16-43

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11 9a

C 02252 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Tyrone Outlaw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1941

8. AGE: Years	Months	Days	If less than one day
1	4	1	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Theodore Outlaw
13. Birthplace N. C.

MOTHER
14. Maiden Name Ruth Jones
15. Birthplace S. C.

16 (c) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md.

18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Mount st

19 (a) MAR 17 1943 (b) Lexington Williamson Mfr

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943, at 12 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2. 1943. to Mar 16 1943 and that I last saw h[illegible] alive on Mar 16 1943.

Immediate cause of death	Duration
Acidosis	2 hrs
Due to Dehydration	2 hrs
Due to Diarrhea	4 hrs.
Due to	
Other Conditions Megacolon (Include pregnancy within 3 months of death)	1 yr.

Date of operation

Major findings of operation:

of autopsy: Large dilated colon.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-16-43

C 02293 HEALTH DEPARTMENT—CITY OF BALTIMORE C 02293

CERTIFICATE OF DEATH. 92

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1441 Parish ST. WARD 15-1

2-FULL NAME Hilton Robert Hill

(a) RESIDENCE NO. 1441 Parish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Robert Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Maud Brown (Address) 2126 McCulloh st

15 Filed MAR 17 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17 1943

17 I HEREBY CERTIFY, That I attended deceased from March 15 1943 to March 17 1943 that I last saw him alive on March 16 1943 and that death occurred, on the date stated above, at 7:44 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Coleman M.D.

March 19 43 (Address) 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: 3/24/43

20 UNDERTAKER: Chas H. Alexander — ADDRESS: A.A. Co. Md

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Accuracy and completeness of information should be carefully supplied. AGE should be stated EXACTLY. PROFESSION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Employer's name should state NATURE OF BUSINESS. See instructions on back of certificate.

C 02294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. C 02294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 E. 28th St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town 307 E. 28th St. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME John C. Siegman

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓ None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Lena D. Lollmann
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 10, 1874

8. AGE: Years	Months	Days	If less than one day
68	6	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation contractor-constructor
11. Industry or business

FATHER
12. Name Henry J. Siegman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ----
15. Birthplace Germany

16 (a) Informant John C. Siegman
(b) Address 307 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery or Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place.

19 (a) Mar 1943 Thornton Williams M.D. (Date received) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14/43 19 , to 3/16/ 1943, and that I last saw h[illegible] alive on 3/16 1943.

Immediate cause of death: Hypertensive Cardio-Vascular Disease — Duration: Unknown
Due to: Arteriosclerosis — Duration: Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas R. Goldsborough M. D.
Address 2923 St. Paul St. Date signed 3/17/43

F 02295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 S. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE C. TURNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26 1935

8. AGE: Years 7 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Lewis L. Turner
13. Birthplace Va.

MOTHER
14. Maiden Name Mary C. Williams
15. Birthplace Va

16 (a) Informant Lewis L. Turner
(b) Address 319 S. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19/43 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ St. Mary's
Location Hampden

18 (a) Funeral director Ehinger & Donovan
(b) Address 3615-17 Elliott St Thurlow Terrace, Md

19 (a) MAR 17 1943 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 16 1943, at 1 05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Crushing of head — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 19/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Mar 16, 1943 at 12 05 P.M.
(c) Where did injury occur? Frederick Ave & Hollins (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Sudden (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by auto

23. Signature N. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 3-16-43

Cor.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

C 02276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

C 02276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2140 W North Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 1 5
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2140 W North Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Ann Smith

3 (b) If veteran, name war — no —

3 (c) Social Security Account No. — no —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Walter R. Smith

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 24 1864

8. AGE: Years 78 Months 6 Days 20 22 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Ferdinand Lauterbach

13. Birthplace Germany

MOTHER 14. Maiden Name Louise Brandt

15. Birthplace Baltimore

16 (a) Informant Mrs Dorothy L. Smith (daughter)

(b) Address 2140 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn

18 (a) Funeral director Sinwart Mortuary

(b) Address 108 W North Ave.

17 19 (b) (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943 at 9:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1905 to March 16 1943, and that I last saw h[illegible] alive on March 16 1943.

	Duration
Immediate cause of death: Myocardial Degeneration	1 year
Due to: Hypertension	5 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Hoffman, M. D.

Address 86 W Read St Date signed 3/17/43 M. D.

VS 1

Every item of information should be given, if possible, even though it may seem unimportant. Physicians: please write the cause of death clearly and correct age is especially important.

C 02297 ✓ C 02297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1528 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence E. Scovens

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-07-7057

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of ~~husband or~~ wife Emma
wife
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 8-18-05

8. AGE: Years	Months	Days	If less than one day
37	6	25	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Fred Scovens
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Boone
15. Birthplace Md.

16 (a) Informant Emma Scovens
(b) Address 1528 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18-43 (month) (day) (year)
(c) Cemetery or crematory Tabernacle
Location Harford County Md

18 (a) Funeral director Hattie Grahs
(b) Address 1408 Ashland Ave

MAR 17 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13- 1943, at 1A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry), find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of Heart — Duration

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-13-43 at 12.30 PM
(c) Where did injury occur? Street, on front of door (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Sharp instrument

23. Signature Howard J. Wilson M.D.
Medical Examiner.
Date signed 3-13-43

VS 6

Instructions: Please write plainly, with UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

02278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C 02278

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 138 N. Washington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 138 N. Washington (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes L. McKinley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Michael H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7 1877

8. AGE: Years 65 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name William Dunn
13. Birthplace Ireland

MOTHER
14. Maiden Name Honora Davis
15. Birthplace Ireland

16 (a) Informant William McKinley
(b) Address 138 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 18 43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Mark H. Dippel
(b) Address 37 S. Amity St.

19 MAR 18 1943 Huntingtown Williams Mgr

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943 at 2:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14-1943 to 3-15-1943 and that I last saw her alive on 3-15-1943.

Immediate cause of death
Due Apoplexy
Due Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration
3-14-43

PHYSICIAN
(Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Sybert M. D.
Address 2807 Harford Rd Date signed 3-16-43

02279 BALTIMORE CITY HEALTH DEPARTMENT C 02279
CERTIFICATE OF DEATH 131a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. Milton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Kornmann

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Maggie A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1867

8. AGE: Years 75 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Henry Kornmann
13. Birthplace Germany

MOTHER
14. Maiden Name Carolina Hamel
15. Birthplace Germany

16 (a) Informant Lewis Kornmann
(b) Address 436 S. Augusta Ave

17 (a) Burial (b) Date thereof 3 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Martin H. G. Wippel
(b) Address 33 S. Amity St

MAR 18 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1940 to March 15 1943 and that I last saw [illegible] alive on Mar 1 1943.

Immediate cause of death
Acute Cardiac Dilatation
Myocardial Insufficiency — Duration 2 mos.
Due to Chronic Nephritis — 3 yrs
Due to Chronic Arteriosclerosis — 3 yrs.
Other Conditions Prostatitis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. G. Geyer
Address 156 N. Milton Ave Date signed 3/16/43 M. D.

C 02280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. C 02280

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 Mayfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Mayfield Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Sheron Winn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 15 43

8. AGE: Years	Months	Days	If less than one day
		15	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James W Winn Jr
13. Birthplace Balto

MOTHER
14. Maiden Name Clara Koch
15. Birthplace Balto

16 (a) Informant Helen Bratthauer
(b) Address 1212 Mayfield Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 17 1943

18 (a) Funeral director Commissioner of Health
Address

19 (a) MAR 18 1943 Washington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16 1943 11:55 M

21. I certify that death occurred on the date above stated that I attended deceased from 3/1 1943 to 3/16 1943 and that I last saw h[illegible] alive on 3/15 1943

Immediate cause of death Congenital Atelectasis Monster Incurring — Duration 15 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Bratthauer M.D.
Address 1212 Mayfield Ave 3/16

9914

02281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 02281 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 237 Patapasco Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 Patapasco Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Esther E. Whittemore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24 1865

8. AGE: Years	Months	Days	If less than one day
77	7	21	hr. min.

9. Birthplace Norfolk Va (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Elizabeth Brownell
15. Birthplace Md.

16 (a) Informant Anna E Whittemore
(b) Address 237 Patapasco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St
MAR 18 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 9:5 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/43 19 to 3/15/ 1943, and that I last saw h im alive on 3/15/43 9

Immediate cause of death: Virus pneumonia — Duration: 15 days
Due to
Due to
Other Conditions Arterio sclerotic cardio vascular disease ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel M. D.
Address 1226 Hanover St Date signed 3/17/1943

VS 180

02282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

C 02282 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3435 Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3435 Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth T. LARSEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~; or ~~divorced~~
Female	White	Married

6 (b) Name of ~~husband or wife~~ George Larsen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27 1878

8. AGE: Years	Months	Days	If less than one day
64	2	18	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John T. Gallagher
13. Birthplace Boston Mass

MOTHER
14. Maiden Name Eliza Mooney
15. Birthplace N Y

16 (a) Informant George Larsen
(b) Address 3435 Hanover St

17 (a) Burial (b) Date thereof 3/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem Pk
Location Glen Burnie

18 (a) Funeral director William M Marsek
(b) Address 715 Light St

MAR 18 1943 Washington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1943, to 3-15 1943, and that I last saw her alive on 3-15 1943.

Immediate cause of death

carcinoma body uterus — Duration 1 yr

Due to

Due to

Other Conditions
generalized metastasis ca
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip A Worcester, M.D.
Address 3545 Harlem Ave Date signed 3-16-43

C-02283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9407 Registered No. C-02283

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Balto MERRIDALE (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 Plymouth Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Griesacker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
male	white	widowed	Margaret Schaub	years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1855

8. AGE: Years	Months	Days	If less than one day
87	3	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Christian Griesacker
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Jones
15. Birthplace Md.

16 (a) Informant Mr. Joseph Griesacker
(b) Address 514 Westgate Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem. Location Old Frederick Rd.

18 (a) Funeral director Thos. F. Conway & Son
(b) Address 96 Mullins St.

19 MAR 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1943, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1943 to 3/16 1943, and that I last saw h[illegible] alive on 3/16 1943.

Immediate cause of death
Coronary Thrombosis
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James N. Ciarco M.D.
Address St. Agnes Hosp. Date signed 3/16/43 M. D.

Cover

C 02284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. C 02284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5811 Bellona Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5811 Bellona Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara S. Sterling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Arthur Sterling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1879

8. AGE: Years: 63 | Months: 10 | Days: 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business at home

FATHER
12. Name Theodore Heinecke
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Staff
15. Birthplace Germany

16 (a) Informant Mr George F. Heinecke
(b) Address 5811 Bellona Ave

17 (a) Burial (b) Date thereof 3/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Co, Md

18 (a) Funeral director John J Cowan & Son
(b) Address 2403 Hollins St

19 (a) MAR 18 1943 Huntington Williams, M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1943 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to March 17 1943 and that I last saw h alive on March 17 1943.

Immediate cause of death
Duration
Pulation Mitral 1940
Berger's Disease 1940
Due to Chronic Myocarditis
Due to Coronary Sclerosis 1942
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. W. Burlingame M. D.
Address 501 S Linden Ave Date signed 3-17-43

VS 3

Please write plainly, with unfading ink. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

Registered No. C 02285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 Shield Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Shield Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary L. Alston

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 20, 1941

8. AGE: Years	Months	Days	If less than one day
1 2	8	25	hr. min.

9. Birthplace Littleton, N.C. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Walter Alston
13. Birthplace Littleton N.C.

MOTHER
14. Maiden Name Jennie Belle Alston
15. Birthplace Littleton N.C.

16 (a) Informant Jennie Belle Alston
(b) Address 1206 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Am
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1943, at 3 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Congenital anomaly of Heart — Duration

Due to

Due to

Other Conditions Patent Interventricular Septum and Foramen Ovale

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 3-16-43

VS 6

C 02286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

C 02286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 S.EATON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 S.EATON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES MORGAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife FLORENCE MORGAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN.6 1884

8. AGE: Years	Months	Days	If less than one day
59	2	10	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HIGH WAY DEPT.
11. Industry or business BALTO.CITY.

FATHER
12. Name GEORGE MORGAN
13. Birthplace BALTO.MD.

MOTHER
14. Maiden Name JENNIE Mc LAUGHIN
15. Birthplace BALTO.MD.

16 (a) Informant FLORENCE MORGAN (WIFE)
(b) Address 713 S.EATON ST.

17 (a) BURIAL (b) Date thereof MAR.19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE.EXT.

18 (a) Funeral director Lillywood Reiter INC.
(b) Address 403 S. Washington Ave

19 MAR 18 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 16 1943, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17 1943 to March 16 1943, and that I last saw h.M alive on March 16 1943.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Contributory Tuberculosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Joseph Tenbury M.D.
Address 4416 Edmondson Ave Date signed 3/16/43

VS 3

C 02287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. C 02287

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT & RUTLAND AVE
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 E. NORTH AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BELLE SHEVITZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Nathan Shevitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Rupera (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Abraham Gaslin
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca —
15. Birthplace Russia

16 (a) Informant Nathan Shevitz
(b) Address 2223 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Phil., Pa.

18 (a) Funeral director Jos. Levin Inc
(b) Address 1439 E. Balto. St

19 (Date rec'd by registrar) MAR 18 1943 Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 1943, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1943, to 3/18 1943, and that I last saw h[illegible] alive on 3/18 1943.

Immediate cause of death Respiratory Failure — Duration

Due to 1 Cerebral Hemorrhage
2 Cerebral Embolism

Due to

Other Conditions Hypertensive Cardiovascular Disease. Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C.O. Hochstein

Address Sinai Hospital Date signed 3/17/43

VS 5

I hereby certify that the above is a true and correct copy of the original certificate filed in the Bureau of Vital Statistics, Baltimore City Health Department. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use only black ink.

02288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. G 02288

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be entered. Symbols correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2535 Park Heights Terrace (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Skolnick

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	new born

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Mar 13, 1943

8. AGE: Years	Months	Days	If less than one day
		4 days	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business ✓

FATHER

12. Name Myron Skolnick

13. Birthplace Philadelphia, Pa

MOTHER

14. Maiden Name Miriam Dubb

15. Birthplace Poland

16 (a) Informant Miriam Skolnick

(b) Address 2535 Park Heights Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-43 (month) (day) (year)

(c) Cemetery Gardens Location Mt Carmel

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1339 E. Baltimore St

19 MAR 18 1943 (Date rec'd by registrar) (c) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1943, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1943 to Mar 17 1943 and that I last saw h e alive on Mar 17 1943.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nathan Block M.D.

Address Sinai Hosp. Date signed 3/18

VS 3

C 02289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No. C 02289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 N. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Mc Culloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Beulah E. Shorter

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Oscar L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1918

8. AGE: Years 24 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wattly Dyson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Edna Mahell
15. Birthplace Balto. Md.

16 (a) Informant Oscar L. Shorter
(b) Address 1523 Mc Culloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Lou. M. Holland
(b) Address 1642 Druid Hill Ave.

19 (d) Huntington Williams, M.D. Registrar

MAR 16 1943 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 2.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943, to March 1943, and that I last saw her alive on March 15 1943.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Bolan M.D.
Address 803 N. Front Date signed March 16

VS 3

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 10

G 02290
Registered No.

1. PLACE OF DEATH: 220 - E - 23 rd St
(a) Baltimore City, Maryland
(b) Street address 220 - E - 23 rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 E. 23rd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Lucy B. Cotton

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife James A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 - 7 - 1881

8. AGE: Years 51 | Months 4 | Days 7 | If less than one day hr. min. 891

9. Birthplace Hanover Co Va.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Isaac Henley
13. Birthplace Hanover Co. Va.

MOTHER
14. Maiden Name Ella Crawford
15. Birthplace Hanover Co. Va.

16 (a) Informant Joseph Henley
(b) Address 220 E. 23rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto Co. Md.

18 (a) Funeral director Mrs. Cecil H. Holland
(b) Address 1651 Druid Hill Ave

19 (a) MAR 18 1942 (Date rec'd by registrar) Interring for Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1941 to Mar 14 1942 and that I last saw h alive on Mar 14 1942.

Immediate cause of death: Cerebral Intestinal Hyperty — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis A. Jahrmarket M. D.
Address 2329 Guilford Ave Date signed Mar 19 - 1942

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and

C 02291

431147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. C 02291

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 - 14th St., N.W. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Reid Menefee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-23-29

8. AGE: Years	Months	Days	If less than one day
14	0	27	hr. min.

9. Birthplace D.C. (Town, county and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name James W. Menefee
13. Birthplace Va.

MOTHER
14. Maiden Name Pearle Parrish
15. Birthplace Va. N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/1943 (month) (day) (year)
(c) Cemetery or crematory Location Washington D.C. Arlington, Va

18 (a) Funeral director S. H. Hines Co.
(b) Address Washington, D. C.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943 at 3 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to March 17 1943 and that I last saw him alive on March 17 1943

Immediate cause of death Malignant T Tumor, Lymphosarcoma

Due to Lymphosarcoma of abdominal metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Enrique J. Brandt Fernandez M. D.
Address Johns Hopkins Hosp. Date signed 3/17/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. C 02292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and fully. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 E. 25th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 E. 25th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Stewart.
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 13, 1871

8. AGE: Years	Months	Days	If less than one day
72	0	2	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation House-keeper
11. Industry or business

FATHER
12. Name Walter Stewart
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Stewart
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Stewart
(b) Address 213 E. 25th St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk
Location Baltimore Md
18 (a) Funeral director Durward J. Carrington
(b) Address 21 W. 25th St.
19 (a) 3/18/43 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943, at 3:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1942, to March 15 1943, and that I last saw her alive on March 13 1943.

Immediate cause of death — Duration

Due to Chronic Myocarditis 5 mos.

Due to Arterio-sclerosis

Other Condition Influenza Edema 12 hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A. Kelly

Address 2504 St. Paul St. Date signed 3/19/43

02293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

C 02293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 S. Decker Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town) V
(d) Street No. 515 S. Decker Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva. C. James

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-12-5163

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Frederick Jr.
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) Feb-9 1888

8. AGE: Years	Months	Days	If less than one day
55	1	8	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Char Woman
11. Industry or business American Can Co.

FATHER
12. Name Joseph Sody
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Thumm
15. Birthplace Phil Pa.

16 (a) Informant Frederick James
(b) Address 515 S. Decker Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 20 43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK RD

18 (a) Funeral director MARTIN V.E. DIPPEL
(b) Address LOMBARD & ANN STS.

19 MAR 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943 at 6:38 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Mar 17 1943 and that I last saw h[illegible] alive on Mar 16 1943

Immediate cause of death Chronic Myocarditis
Chronic Nephritis
Due to Arteriosclerosis
Due to Hypertension
Other Conditions Partial Carcinoma of stomach.
(Include pregnancy within 3 months of death)

Duration

Date of operation ✓
Major findings of operations: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Joseph Jaukey M.D.
Address 446 N. Ellwood Ave Date signed 3/17/43

C 02294
JL - 86272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 02294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Fell St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALEXANDRA WASIELEWSKA
(~~Wasielewski~~) (Waszlewska)

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife James (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1888

8. AGE: Years	Months	Days	If less than one day
65 54	?	?	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Supported by Son

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 19 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Road

18 (a) Funeral director M. F. Sadowski Hom.
(b) Address 1808 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1943 at 7 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1943 to 3-16 1943, and that I last saw h alive on 3-16 1943

Immediate cause of death
Cardiac failure
Cerebral hemorrhage
Due to Hypertension & Arteriosclerosis

Duration
?
?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Faltheim M. D.
Address Balto City Hosp Date signed 3-16-43

C 02265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

C 02265

Registered No. .....

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1167 W Hamburg st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V

(e) Length of stay in Baltimore (yrs., mos., or days) 75 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1167 W. Hamburg St

(If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Thomas J. Foreacre

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie Foreacre

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/21/1860

8. AGE: Years	Months	Days	If less than one day
82	2	24	..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Mail Order.

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown.

16 (a) Informant Arthur Foreacre.

(b) Address Joppa Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Annapolis rd

18 (a) Funeral director Ashmore Inc.

(b) Address 414 N Howard St Lutherville Md

19 (a) ..... (b) .....

(Date Received) (Registrar) Registered

MAR 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th 1943. at 11:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1943 to Mar 16 1943 and that I last saw h[illegible] alive on March 16 1943.

Immediate cause of death

Broncho-Pneumonia — Duration 5 days.

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature Thomas Yates M. D.

Address 517 Aisquith St Date signed 3/17/43

C 02266 AN 33675 BALTIMORE CITY HEALTH DEPARTMENT C 02266

CERTIFICATE OF DEATH 46 P

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katie Shears

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov, 5, 1861

8. AGE: Years	Months	Days	If less than one day
81	4	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Patient - 5 years
11. Industry or business Hospital

FATHER
12. Name Frederick Nord
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 Funeral director William Cook Inc
MAR 18 1943 St. Paul st

19 (a) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16 1943 at 3 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1938 to 3/16 1943 and that I last saw h[illegible] alive on 3/16 1943.

Immediate cause of death Malignancy — Duration ?
Due to Carcinoma of Stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Martin M.D.
Address BALTIMORE CITY HOSP Date signed 3/17

C 02207 ✓ C 02207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) ~~Hospital or~~ institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia Frey

3 (b) If veteran, name war: W
3 (c) Social Security Account No. N.H.B.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Philip Frey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16th 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79	6	0		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business at Home

FATHER
12. Name (Unknown) Frey
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Lillian Doerr
(b) Address 3026 Arizona Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/19/43 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

MAR 18 1943 (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943 at 8.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943 to March 16 1943 and that I last saw h ER alive on March 16 1943.

Immediate cause of death General Septicemia & Uremia — Duration 3 days

Due to

Due to

Other Conditions Nephritis & Myocarditis — 5 yrs
(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence none at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none While at work? none (Specify type of place)
(e) Means of injury None

23. Signature Otto H. Duke M. D.
Address 928 E. North Ave Date signed 3/17/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03268 ✓ C 03268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1335 Hanover
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Leonard Ripple

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/16/27

8. AGE: Years	Months	Days	If less than one day
15	4	—	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Francis J Ripple
13. Birthplace Baltimore

MOTHER
14. Maiden Name Nellie M. McKeon
15. Birthplace Baltimore

16 (a) Informant Mr F J Ripple
(b) Address 1335 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director F J Foley Sons
(b) Address 1816 Light St.

19 [illegible] (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to March 16 1943, and that I last saw him alive on March 15 1943.

Immediate cause of death	Duration
Chronic Nephritis	
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature John A. Schmunk
Address 1337 S. Charles St Date signed 3/18/43

C 02269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

C 02269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. ~~(yrs., mos., or days)~~ 13 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1153 N. Fulton Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick P. Wells

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 400-09-3262

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara Wells

6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) July 28, 1897

8. AGE: Years 45 | Months 5 7 | Days 20 | If less than one day: hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation First aid

11. Industry or business Bethlehem Steel

FATHER
12. Name Aaron Wells
13. Birthplace Kent

MOTHER
14. Maiden Name? Huff
15. Birthplace Virginia

16 (a) Informant Clara Wells
(b) Address 1153 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21-43 (month) (day) (year)

(c) Cemetery or crematory American Legion Cem.
Location Virginia

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 MAR 18 1943 (b) (Registrar)

Huntington, Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943 at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1943 to March 18 1943, and that I last saw h/ alive on March 18 1943.

Immediate cause of death: Diabetic acidosis with coma

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Herman Williams M. D.
Address Maryland General Date signed March 18 1943

VS 3

correct age is especially important

G 02390 ✓ G 02390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 N. Rogers Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Ida Agnes Heinbuch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Chas Heinbuch
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1 13 1886

8. AGE: Years	Months	Days	If less than one day
57	2	2	hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

FATHER
12. Name Wm. Campbell
13. Birthplace Ohio

MOTHER
14. Maiden Name Eliz. Fisher
15. Birthplace Ireland

16 (a) Informant Sister Mrs. Burke
(b) Address 5709 Birchwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43. (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial.
Location

18 (a) Funeral director Wendell E. Humphreys
(b) Address 1501 N. Broadway
(Date rec'd by registrar) (b) Signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1943. at 10:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1943. to 3-15 1943. and that I last saw h[er] alive on 3-15 1943.

Immediate cause of death Pulmonary. Pleural Carcinomatosis

Due to Carcinoma 2 Rt. Breast (primary)

Due to

Other Conditions Metastasis to liver.
(Include pregnancy within 3 months of death)

Date of operation Dec. 1942

Major findings of operation: Carcinoma Rt. Breast.

of autopsy Metastatic Carcinoma

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Arthur York
Address Women's Hospital Date signed 3/16/43

VS 3

Please write plainly. Physicians: please write the cause of death clearly and correct age is especially important.

C 02301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

C 02301 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 129S. Loudon Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 129 S. Loudon Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Souder

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Anna M. Wess
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Feb. 22nd, 1862

8. AGE: Years	Months	Days	If less than one day
81	0	22 24	hrs. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired Dispatcher
11. Industry or business Baltomore Trust Co.

FATHER
12. Name John Souder
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Birkmeyer
15. Birthplace Germany

16 (a) Informant Mrs. Anna M. Souder
(b) Address 129 S. Loudon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Balto.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1618 Harford Avenue

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943 at 8:47 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1932 to March 16 1943, and that I last saw h[illegible] alive on March 16 1943.

Immediate cause of death: Coronary Thrombosis
Coronary Occlusion — Duration 8 yrs.

Due to:

Due to:

Other Conditions Myocarditis — 15 yrs.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Donnelly M.D.
Address 413 Frederick Ave Date signed 3/19/43

VS 8

Please write plainly. Physicians: please write the causes of death clearly and report correct age is especially important.

C 02302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

C 02302 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 Hamburg St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Hamburg
(If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Mrs Molly Catherine Coffelt

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Ft	W	M.

6 (b) Name of husband or wife W. A. Coffelt
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 16, 1889

8. AGE: Years	Months	Days	If less than one day
53 54	8	12	hr. min.

9. Birthplace Conocksville Shenandoah, Va
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ham Miller
13. Birthplace Va.

MOTHER
14. Maiden Name Rachel Miller
15. Birthplace Va

16 (a) Informant Clement Branham
(b) Address 716 W. Hamburg
17 (a) Remove (Burial, cremation, or removal) (b) Date thereof 3 18 43 (month) (day) (year)
(c) Cemetery or crematory Woodstock, Garnett
Location Woodstock, Va
18 (a) Funeral director Pete Dellinger
(b) Address Woodstock Va Huntington Williamsport, Md
19 (a) (b) Registrar

MAR 18 1943
Va 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1943, at 1:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h er alive on — 19—.

Immediate cause of death Cardiac failure
Due to Ca Carcinoma of Stomach
Due to Cystitis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place) While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel L. Zahn
Address 2301 Annapolis Rd Date signed 3-18-43
M. D.

G 02303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1519 Registered No. G 02303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Parkeland & Rayner Ave
(c) Hospital or institution: West Balto Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. Hyde Park (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Chaffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 1 | Days: 22 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thurman E. Chaffin
13. Birthplace Penn.

MOTHER
14. Maiden Name Dorothy —
15. Birthplace Penn

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 18 1943

18 (a) Funeral director Commissioner of Health
(b) Address

MAR 18 1943 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1943, at 1:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1943 to 3/15 1943, and that I last saw h alive on 3/15 1943.

Immediate cause of death: Respiratory Failure — Duration

Due to Congenital Ectopic Position of Intestines — 7d

Due to Left Diaphragmatic Hernia — 7d

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. V. Tompkins
Address Johns Hopkins Hosp. Date signed 3/15/43

VS 3

9917

02204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127 Registered No. C 02204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly. Do not write in MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4709 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Caroline A. Mongthe

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Mr. Henry Mongthe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/9/74

8. AGE: Years	Months	Days	If less than one day
68	6	7	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	Samuel Ness
FATHER 13. Birthplace	Penna
MOTHER 14. Maiden Name	Not Available
MOTHER 15. Birthplace	Penna

16 (a) Informant Mr. Henry Mongthe
(b) Address 4709 Frederick Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery or crematory Catholic Cemetery Location Govans & Harford
18 (a) Funeral director Hutton & Lafayette
(b) Address
19 (a) MAR 18 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar
MAR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943 at 6.20 A.M.
21. I certify that death occurred on the date above stated, that I attended deceased from 2/8/ 1943 to 3/16/1943 and that I last saw her alive on 3/16/1943
Immediate cause of death Acute Hepatitis — Post operative — Duration 8 days
Due to (a)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3/14/43
Major findings of operation Structure Capsule of Veins
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Wm. J. Moore M. D.
Address Bon Secours Hosp. Date signed 3/16/43

C 02295 C 02295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. + Johns St.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60d.
(e) Length of stay in Baltimore (yrs., mos., or days) 60d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Newberg Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Mrs. Bessie Fredericka Stevens

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 25, 1885

8. AGE: Years	Months	Days	If less than one day
57	10	23	— hr. — min.

9. Birthplace Greenwood, New York (Town, county, and state)

10. Usual Occupation None.

11. Industry or business —

FATHER 12. Name Eugene Blake

13. Birthplace Not known

MOTHER 14. Maiden Name Miriam Foster

15. Birthplace Not Known

16 (a) Informant Mary Anne Nunez
(b) Address 401 S. Newbury Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Suitland, Md.

18 (a) Funeral director Joseph Gawler
(b) Address Washington, D.C.

19 (Date received by registrar) MAR 18 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 9:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18 1943 to Mar. 18 1943, and that I last saw her alive on Mar. 18 1943

Immediate cause of death: Primary carcinoma of liver.

Due to

Due to

Other Conditions: Hepato-cholecysto-duodenal fistula.
(Include pregnancy within 3 months of death)

Date of operation 1/18/43

Major findings of operations: Primary Carcinoma of liver

Autopsy: Primary carcinoma of liver

Duration: a. Years 1 yr. b. Months c. Days 60d.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hellijas M. D.
Address 1404 Park Ave. Date signed 3/18/43

VS 8

02296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318 Registered No. G 02296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Chesterfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL SILVERSACK

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-0039

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ruby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1887

8. AGE: Years 65 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Sign Painter

11. Industry or business

FATHER 12. Name John Silbersack
13. Birthplace Balto

MOTHER 14. Maiden Name Anna Duach
15. Birthplace Balto

16 (a) Informant Mrs Ruby Silbersack
(b) Address 3007 Chesterfield

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22/43 (month) (day) (year)

(c) Cemetery or crematory Balto. Cem
Location Balto Md

18 (a) Funeral director Wm J Leonard Hearn
(b) Address 2008 Orleans St

19 MAR 18 1943 (Date rec'd by registrar) (b) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 17 1943, at 7:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 - 14 1943 to 3 - 17 1943, and that I last saw h alive on 3 - 17 1943.

Immediate cause of death Chronic Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Forsting
Address St. Joseph's Hosp. Date signed 3-18-1943

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

C 02207

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2731 Hugo Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John ~~Motschieder~~ Motschieder

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-3767

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jessie

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1892

8. AGE: Years 51 | Months 52 | Days 1 | 17 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Gen Elec Co

FATHER

12. Name Dieterich Motschieder

13. Birthplace Ger

MOTHER

14. Maiden Name Caroline Beck

15. Birthplace Ger

16 (a) Informant Mrs Jessie Motschieder

(b) Address 2731 Hugo

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20/43 (month) (day) (year)

(c) Cemetery or crematory Loud Vented Cem

Location Balto Md

18 (a) Funeral director Wilmot Funeral Home

(b) Address 2008 Jalsa Ave

19 MAR 18 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943. 12:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1943, to March 18 1943, and that I last saw h[illegible] alive on March 18 1943.

Immediate cause of death Abscess abscess

Due to Empyema, chest

Due to

Other Conditions Diabetes mellitus (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Elizabeth B. Hyatt M. D.

Address University Hospital Date signed 3-18-43

Baltimore, Md.

Correct age if incorrectly supplied. Physicians: please write the causes of death clearly and legibly.

C 02208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

C 02208 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and state duration.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Augusta Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Augusta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLAUDIA GUINAN

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/4/1899

8. AGE: Years	Months	Days	If less than one day
43	3	12	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nathan Shoemaker
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emma Kaufer
15. Birthplace Baltimore

16 (a) Informant Edna Vongel
(b) Address 1840 Hope St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.
Location Balto Co Md

18 (a) Funeral director George J. Puth Inc
(b) Address 1725 Hanover St

MAR 18 1943

(b) Registrar Huntington Williams, M.D.

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 16 1943 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertension Cerebrovascular
Due to Acidosis
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 3-17-43

12393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. C 12393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2313 Anoka Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 Anoka Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sara Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Isaac Jacobs
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel Levinson
15. Birthplace Russia

16 (a) Informant Nathan Jacobs
(b) Address 2313 Anoka Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19, (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 MAR 19 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

12,55

20. DATE OF DEATH March 18, 1943 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1942 to today 1943 and that I last saw h[er] alive on 3/18 1943

Immediate cause of death: Cerebral hemorrhage
Due to: Abdominal tumor (probably carcinomatous)
Due to:
Other Condition: Hypertensive Cardio-Vascular disease
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence 1943 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2301 Jenkins Pk Date signed 3/18/43

02310 T.K 55379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 02310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 2043
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Hollins St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Roland (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1878

8. AGE: Years	Months	Days	If less than one day
64	8	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Ebert (D
13. Birthplace Germany

MOTHER
14. Maiden Name Emma ?
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director George L. Schwartz
(b) Address 2101 Frederick Ave

19 (Date filed by registrar) MAR 19 1943 Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/17 1943 at 650 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1943 to 3/17 1943
and that I last saw h alive on 3/16 1943

Immediate cause of death: Cerebro-Vascular accid — Duration: 3 days
Due to: Hypertension — Duration: years
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Goodman M. D.
Address Balto. City Hosp Date signed 3/17/43

Correct age is especially important. Typewrite; please write out causes of death clearly and legibly.

C 02311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 02311 Registered No.

correct age is especially important. If possible, please write the names of state, county and registry.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 S Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 506 S Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Stryjewski (Striski)
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Andy
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER 12. Name	John Zaleski
FATHER 13. Birthplace	Poland
MOTHER 14. Maiden Name	?
MOTHER 15. Birthplace	Poland

16 (a) Informant Andy Stryjewski
(b) Address 506 S Washington St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 03/20/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore
18 (a) Funeral director Fred W. Ozarowski
(b) Address 1900 Eastern Ave
19 (a) (Date) MAR 19 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943. at 11:25 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to March 17 1943.
and that I last saw her alive on March 17 1943.

	Duration
Immediate cause of death Acute Cardiac dilatation	1/2 hr.
Due to Chronic myocarditis	2 yrs.
Due to	
Other Conditions Hypertension	2 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John V. Szymbirski M. D.
Address 1802 Eastern Ave Date signed 3-18-43

VS 180

C 02312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

C 02312
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1458 Andre St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1470 Reynolds St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaw Naguszewski (Niguski)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215 09 3260

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Stanislawa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name John Naguszewski
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Mrs Balcerzak
(b) Address 1458 Andre St.

17 (a) Burial (b) Date thereof 3/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1900 Eastern Ave

19 (a) (b)
(Signature of registrar) Huntington Williams, M.D. Registrar
JAN 10 1944

VS 154

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943. at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1943. to March 16 1943. and that I last saw h[illegible] alive on March 6 1943.

Immediate cause of death

Acute Cardiac Decomp.
Bilateral Bronchopneumonia
Hypostatic Pneumonia

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr S. H. Lawrence
Address 436 E Fortave Date signed 3/18/43
M.D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

C 02313 (Registered No.)

C 02313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6523 Cleveland ave
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6523 Cleveland ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Stenzyf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Married

6 (b) Name of husband or wife August
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
61				

9. Birthplace Poland (Town, county and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name Antony Katayczak
13. Birthplace Poland

MOTHER
14. Maiden Name Talot
15. Birthplace Poland

16 (a) Informant Helen Boyar
(b) Address 6523 Cleveland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20 43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk ave

18 (a) Funeral director Jam J Duda
(b) Address 1829 Hudson St

19 (a) (Name of Registrar) (b) Registrar

MAR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943 at 10-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to Mar 17 1943, and that I last saw h[illegible] alive on 3-16 1943

Immediate cause of death: Carcinoma of colon with hepatic metastases — Duration 1-15-43
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Adelsmunck M. D.
Address 842 S Ellwood Ave Date signed 3-18-43

Registrar's signature: Walter Williams, M.D.

Please write plainly. Physician please write the cause of death clearly and legibly. Be sure correct age is especially important.

Dr. Herbert Barden 1516 E. North Ave Tay 1656

C 0[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 02[illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 Aisquith St.
(c) Hospital or institution:

9-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Aisquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Anna Dove

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband: Henry E. Dove
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 2nd 1861
8. AGE: Years 81 | Months 10 | Days 15 | If less than one day: hr. min.
9. Birthplace: A. A. Co. Md.
(Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: Richard L. Elliot
13. Birthplace: A. A. Co. Md.

MOTHER
14. Maiden Name: Amelia Ward
15. Birthplace: A. A. Co. Md.

16 (a) Informant: Paul Dougherty
(b) Address: 1807 Aisquith St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/20/43 (month) (day) (year)
(c) Cemetery or crematory: Woodland Park
Location: Parkville Md.
18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St
19 (a) (Date received by Registrar) Huntington Williams, Registrar

MAR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 17th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/43 to 3/17/43, and that I last saw h[illegible] alive on 3/17/1943.

I. Immediate cause of death: Coronary thrombosis — Duration: 2 days
Due to: Arteriosclerosis, [illegible]
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Herbert Barden.
Address 1517 E. North Ave Date signed 3/18/43.

FOR CORRECTION OF ERRORS: Physicians: please write the cause of death clearly and legibly. Be sure your correct age is especially important.

C 02345
T.N 79984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

C 02345
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3738 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Moore Jr.

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Elsie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1884

8. AGE: Years	Months	Days	If less than one day
58	5	22	hr. min.

9. Birthplace New Jersey
(Town, county, and state)
10. Usual Occupation Photographer
11. Industry or business

FATHER
12. Name Edward Moore
13. Birthplace New Jersey

MOTHER
14. Maiden Name Lillian Scott
15. Birthplace New Jersey

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director William Cook Inc
(b) 1407 E. Pavl St
19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MAR 19

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1943, at 2 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1943 to 3-17 1943, and that I last saw h alive on 3-17 1943.

Immediate cause of death: Cardiac failure — Duration: 1 month?
Due to: Hypertension & K. disease — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rawlins M. D.
Address Balt. City Hosp Date signed 3-17-43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Cause given correctly and fully, and correct age is especially important.

VS 150

C 02316

JL - 80330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

C 02316

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 724 Lennox St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Rote

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rosie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1884

8. AGE: Years	Months	Days	If less than one day
58	2	16	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Charles Rote
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah R. Derr ?
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St Paul St

MAR 19 43 (Date received) (b) for Williams, M. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1943 at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1943 to 3-17 1943
and that I last saw h alive on 3-17 1943

Immediate cause of death
Cardiac failure
Due to Arteriosclerotic Hypertension

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

Duration
3
3
yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. N. Rollston M. D.
Address Balto. City Hosp Date signed 3-18-43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information correct age is especially important.

C 02317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

C 02317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Oak Hill ave
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Oak Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country US

3 (a) FULL NAME Mary F. W. Carter

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed
6 (b) Name of husband Alonzo S. Carter
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1858

8. AGE: Years 84 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Mt. Washington Md.
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business —

FATHER 12. Name Benjamin Wilson
13. Birthplace Md.

MOTHER 14. Maiden Name Frances A. Owings
15. Birthplace Md.

16 (a) Informant Benjamin W. Carter
(b) Address 1915 Oak Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to March 18 1943, and that I last saw ~~him~~ her alive on March 16 1943.

Immediate cause of death: Bronchial Pneumonia — Duration: 2 days
Due to: Physical Mental Senility about 5 yrs
Due to:
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Woodbrook Md Date signed 3/18/43

02318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

C 02318 Registered No.

PLEASE WRITE CLEARLY with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 22 inclusive, and the certification of the cause of death, is complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Webster St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Webster St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME John R. Connelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19-1895

8. AGE: Years 47 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John M. Connelly
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Margaret Grant
15. Birthplace Richmond Va

16 (a) Informant Mary R. Connelly
(b) Address 1311 Webster St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 22 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore Md.

18 (a) Funeral director Flynn & Flanagan
(b) Address 1422 Light St.

MAR 19 1943 (Date rec'd by registrar) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1943, to 3-18 1943, and that I last saw him alive on 3-18 1943.

Immediate cause of death: Chronic Nephritis
Bronchopneumonia — Duration 7 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Golod

Address 707 S. Font Ave. Date signed 3-18-43

VS 180

02819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. C 02819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 E. Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Clinton Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1943

8. AGE: Years | Months: 3 | Days | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Williams
13. Birthplace Towson, Md

MOTHER
14. Maiden Name Helen Johnson
15. Birthplace Baltimore, Md.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43 (month) (day) (year)

(c) Cemetery or crematory Pleasant Rest Cem.
Location Towson Md. Balto. County

18 (a) Funeral director Byron & Mamie Wright
(b) Address 241 Pisgrath St.

19 (a) 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1943 to March 17 1943 and that I last saw h[illegible] alive on March 17 1943.

Immediate cause of death: Bronchopneumonia — Duration: 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. M. Banfield M. D.
Address Provident Hospital Date signed 3-19-43

G 02320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

✓ G 02320 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 544 E 22nd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 544 E 22nd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ed. J Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-[illegible]

8. AGE: Years 69 | Months 02 | Days | If less than 1 day, hours | Birth ☆ 1874 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business Bank binder

FATHER
12. Name Charles R. Hamilton
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Noble
15. Birthplace New York

16 (a) Informant Mrs Margaret Hamilton
(b) Address 544 E. 22nd St

17 (a) Cathedral (Burial, cremation, or removal) (b) Date thereof 3 20 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E 22nd St

19 (a) (Date received by local registrar) (b) Registrar

MAR 20 1943

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943 at 7 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 07 42 19 , and that I last saw h alive on Dec 07 19 42.

Immediate cause of death — Duration

Coronary thrombosis — 3 mos

Due to

Due to Coronary Occlusion

Other Conditions

Hypertension

(Including pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ed J Hamilton M. D.
Address 100 W Madison St Date signed MAR 19 1943

For Dr H. L. Grollenberg
Howard J. Malloy, M.D.

C 02321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02321 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 Leadenhall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 Leadenhall St (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME David McKenzie Jr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	3		hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER 12. Name David McKenzie
13. Birthplace N C

MOTHER 14. Maiden Name Dorothy
15. Birthplace Balto Md

16 (a) Informant Dorothy McKenzie
(b) Address 812 Leadenhall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) [illegible] (b) Huntington Williams Registrar

MAR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Interstitial bronchial pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed March 18 1943

C 02302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel Air (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Dallam Wingfield Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1892

8. AGE: Years	Months	Days	If less than one day
50	4	15	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Otho Scott Lee
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Griffith
15. Birthplace Maryland.

16 (a) Informant John L. Ga. Lee, bro.
(b) Address Bel Air, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 43 (month) (day) (year)
(c) Cemetery or crematory Rock Spring
Location Belair, Md

18 (a) Funeral director Henry W. Kerkering & Sons Co
(b) Address McCulloh & Orchard Sts. Huntington Station

19 (a) MAR 19 1943 (b) Registrar

VS 12a

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 9:06 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1943 to March 18 1943 and that I last saw her alive on March 18 1943.

Immediate cause of death Cardio Respiratory failure — Duration

Due to Uremia

Due to Ureteral Obstruction — 1± yr.

Due to Carcinomatosis uteri

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin P. Lewis
Address Union Memorial Hosp. signed 3-18-43 M.

C 02223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √181

C 02223 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bates, Isabelle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1933

8. AGE: Years 9 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Glenburnie, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles C. Bates
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Catherine Adet
15. Birthplace Baltimore, Md

16 (a) Informant Catherine Bates
(b) Address 1008 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Durward D. Courington
(b) Address 21 W. 25th St.

19 (a) MAR 15 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17-1943 at 1:13 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1943 to 3-17 1943 and that I last saw her alive on 3-17 1943.

Immediate cause of death 2nd & 3rd degree burns, Trunk & Both Arms, Thighs, Rt. Forearm, Buttocks — Duration 16 days

Due to

Due to

Other Conditions Septicemia, Acute Nephritis & Anuria (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 3-6-43 at 7.00 A M
(c) Where did injury occur? Baltimore, Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? HOME While at work? No (Specify type of place)
(e) Means of injury Clothes caught fire from stove

23. Signature William H. Fusting
Address St. Joseph's Hosp. Date signed 3-17-43

VS 3

C 02324 C 02324 40259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186W

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 27-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7133 Harford Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christine Behrens

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 19, 1850

8. AGE: Years	Months	Days	If less than one day
92	10	26	— hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Bernard Behrens
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace France

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director George J. Birth Son
(b) Address 2330 Huntingdon Ave

19 (a) MAR 19 1943 Huntington Williams Richmond

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/17 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9 1943 to 3/17 1943, and that I last saw her alive on 3/16 1943.

Immediate cause of death: Hypertensive arteriosclerotic C.V.D.

Due to

Due to

Other Conditions Fract. neck of L. femur.
(Include pregnancy within three months of death)

Date of operation 3/11/43.

Major findings of operation: Operation. H. prosthesis

of autopsy: none

Duration
9 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/8/43 at M
(c) Where did injury occur? Home. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Slipped & fell down the steps

23. Signature W. H. Hearn
Address 2330 Huntingdon Ave. Date signed 3/17/43

For D. N. L. Hollenweger
Howard J. Madden, M.D.

C 02225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02225 Registered No. 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U.S.Marine Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town 2404 Greenmount Avenue, Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 Greenmount Ave., Baltimore (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country -

3 (a) FULL NAME JOHN WILLIAM BALES

3 (b) If veteran, name war: Present War
3 (c) Social Security Account No. - None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Alice May Griffith
6 (c) If alive, give age: 20 years

7. Birth date of deceased (mo., day, yr.) Apr. 5, 1917

8. AGE: Years	Months	Days	If less than one day
25	11	12	hr. - min.

9. Birthplace Newcastle, Pa. (Town, county, and state)
10. Usual Occupation Ex- Army
11. Industry or business -

FATHER
12. Name Mike Bales
13. Birthplace Alburton, Pa.

MOTHER
14. Maiden Name Margaret Burkhard
15. Birthplace West Newton, Pa.

16 (a) Informant Records-U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1943 (month) (day) (year)
(c) Cemetery or crematory Bales National
Location Frederick Road

18 (a) Funeral director O. Lee Oder
(b) Address 4644 York Road.

19 (a) MAR 19 1943 (Date received) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1943 at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10, 1943 to Mar. 17, 1943 and that I last saw him alive on Mar. 10, 1943

Immediate cause of death: Far advanced Bilateral Pulmonary tuberculosis with extensive cavatations; tubercular ulcerations of caecum — Duration: Unk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3/16/43
Major findings of operations: as above
of autopsy: See above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. Becar
Address Marine Hosp. Baltimore, Md. Date signed 3/18/43 M.D.

No. Va.12850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02226 / 181

Registered No. C 02226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 15-13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4110 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Saltzman

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-1388

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Sarah nee Kaplan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1901

8. AGE: Years	Months	Days	If less than one day hr.	min.
42 39				

9. Birthplace Atlantic City, N. J. (Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business

FATHER
12. Name Isaac Saltzman
13. Birthplace Russia

MOTHER
14. Maiden Name Dora -
15. Birthplace Russia

16 (a) Informant Mrs. Sarah Saltzman
(b) Address 4110 Park Hghts. ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43 (month) (day) (year)
(c) Cemetery or crematory Wm Meyer Mill Rd.
Location Lane

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) MAR 19 1943 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 1 30 A-M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~in~~ quiry thereon and from the evidence obtained by said ~~in~~ quiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Pneumonia
3rd degree burns

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 18 1943
(c) Where did injury occur? Boston St near Eaton St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Standard Oil Co. While at work yes. (Specify type of place)
(e) Means of injury Explosion of gas tank

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed March 18 1943

C 02327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

C 02327 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 N. Pulaski Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Feld

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not known
13. Birthplace Austria

MOTHER
14. Maiden Name Not known
15. Birthplace Austria

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43 (month) (day) (year)
(c) Cemetery or crematory Bradley
Location Pikesville Hamilton Ave

18 (a) Funeral director Jack Levy
(b) Address 1439 E. Balto

19 (a) (Local Registrar)

MAR 19 1943

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1943, at 5:35 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereof and from the evidence (Autopsy or Inquiry)
obtained by said Inspection & Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 3-18-43 at 1 P M
(c) Where did injury occur? 1715 N. Pulaski St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Painting outside fell from ladder

23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 3-19-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02208

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, if correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 455 High St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Cihlar (CIHLAR)

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NOT KNOWN

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1903

8. AGE: Years 40 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business

FATHER
12. Name Frank G. Cihlar
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Poparny
15. Birthplace Bohemia

16 (a) Informant Mary Cihlar
(b) Address 3107 Walbrook Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-20-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brockhorst
(b) Address 900 N. Wheaton St.

19 (a) [illegible] (Registrar) (b) Huntington Williams, M.D.

MAR 19 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943, at 11.50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions Fatty degeneration of liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fentress M.D.
Medical Examiner
Date signed March 18 1943

C 02329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 02329 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 E. 35th, St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 E. 35th, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie C. Paca.

3 (b) If veteran, name war ***** | 3 (c) Social Security Account No. *****

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ***** Henry B. Paca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5. 1856

8. AGE: Years	Months	Days	If less than one day
87	I	I2	hr. min.

9. Birthplace Queen Annes County Maryland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Richard B. Carmichael
13. Birthplace Maryland.

MOTHER
14. Maiden Name Elizabeth Hollyday
15. Birthplace Maryland.

16 (a) Informant Miss. Frances C. Paca.
(b) Address 628 E. 35th. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory St. Lukes Cemetery
Location Wye Mills. Talbot Co. Md.

18 (a) Funeral director John. G. Hoban
(b) Address 4201 Greenmount Ave.

MAR 18 1943 Registered by Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March I7. 1943. at 2-45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1943 to Mar 17 1943 and that I last saw h[illegible] alive on Mar 16 1943.

	Duration
Immediate cause of death: Cardiac Failure	2 wks
Due to: arteriosclerotic Heart Disease	10 yrs
Due to: Hypertension	
Other Conditions: Pulmonary Edema	1 day

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F Pearce
Address 2105 N. Charles Date signed 3/18/43 M. D.

G 02330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157B

G 02330 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 E. Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Cuneo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
20 hours			20 hr. min.

9. Birthplace St. Joseph's Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Cuneo
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Marie Groat
15. Birthplace Baltimore Md

16 (a) Informant Mrs Marie Cuneo
(b) Address 2007 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Geo M Gaul & Son
(b) Address 811 N Wolfe St

19 (a) (Signature by registrar) (b) Registrar

VS: 23 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1943, at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 18. 1943, to Mar. 19, 1943, and that I last saw her alive on Mar. 19, 1943.

Immediate cause of death meningitis — Duration

Due to spina bifida

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christian J Peckter M. D.
Address St Joseph's Hosp Date signed 3/19/43

G 02331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 02331
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5002 Greenleaf Rd, City.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Agatha Daiger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wh.	Widowed

6 (b) Name of husband ~~or wife~~ John A. Daiger
6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1867

8. AGE: Years	Months	Days	If less than one day
75	3	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Jonathan Hubbard
13. Birthplace Baltimore

MOTHER
14. Maiden Name M. Jane Hannigan
15. Birthplace

16 (a) Informant Mr Harry E. Daiger Son.
(b) Address 403 Murdock Rd., Rogers Forge, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director Wm. J. Dickman & Son
(b) Address Balto. Md.

19 (a) MAR 19 1943 (b) Huntington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ March 18 1943 to 19 , and that I last saw her alive on March 18 1943.

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Cerebrovascular accident	14 hrs.
Due to Hypertensive cardiovascular disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Franklin E. Leslie
Address Union Memorial Hosp Date signed 3-18-43

Interrogate

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02252

Registered No. 1210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1264 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christina M. Parr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frederick J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30. 87

8. AGE: Years	Months	Days	If less than one day
64	8	18	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John F. Traeger
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine E Rennet
15. Birthplace Balto Md

16 (a) Informant Geo. Parr
(b) Address 1764 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Leonard Keogh
(b) Address 1305 Hanford Rd.

MAR 19 1943 Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943 at 6 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1943 to March 18 1943, and that I last saw her alive on March 18 1943.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic C-V Disease.	
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuster, M. D.
Address St. Joseph's Hosp Date signed 3-19-43

VS 3

02333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 3/13/43

C 02333
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Gorsuch ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Gorsuch ave (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Mattare

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Bernard J Mattare
6 (c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) Aug ? 1879

8. AGE: Years	Months	Days	If less than one day
63	07		hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Bernard J Mattare
(b) Address 1709 Gorsuch Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director J Ford
(b) Address 1305 Harford Rd
MAR 19 1943 (Registrar) Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1943 to March 16 1943. and that I last saw her alive on March 16 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Arterio Sclerosis Hypertension	2 yr 3 mo
Due to Chr Interstitial Nephritis	3 yr
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature G Ga Stevens
Address 2818 Harford Rd Date signed M. D. 3/19 43

C 02334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. C 02334

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): Adm. 11/28/42 111 days
(e) Length of stay in Baltimore (yrs., mos., or days): 111 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Montgomery
(c) City or town: Germantown (If outside city or town limits, write RURAL and give town)
(d) Street No.: -- (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -

3 (a) FULL NAME: MARGARET W. CLARK

3 (b) If veteran, name war: -

3 (c) Social Security Account No.: -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband ~~or wife~~: Dr. Talliaferro Clark

6 (c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): Dec. 5, 1876

8. AGE: Years	Months	Days	If less than one day
66	3	14	- hr. ... min.

9. Birthplace: Columbus, Ohio (Town, county, and state)

10. Usual Occupation: --

11. Industry or business: --

FATHER
12. Name: Charles Wolfouth
13. Birthplace: Bavaria ?

MOTHER
14. Maiden Name: Margaret Walsh
15. Birthplace: Harford, Conn.

16 (a) Informant: Records- Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21/43 (Month) (day) (year)

(c) Cemetery or crematory: Marshall Hall
Location: "

18 (a) Funeral director: John O. Mitchell Sons
(b) Address: 1900 Eutaw Place

19 MAR 19 1943 (Registrar) Wilmington Williamsport

VS 180

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH: March 19, 1943 at 8:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28, 1942 to Mar. 19, 1943, and that I last saw him alive on Mar. 19, 1943.

Immediate cause of death	Duration
Bronchopneumonia;	2½ days
generalized arteriosclerosis;	Unk.
cardiac hypertrophy	Considerable per.
Due to arterial hypertension	Unk.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation: 3/15/43

Major findings of operation: Hydrops of the gall bladder.

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: --
(b) Date of occurrence: -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- While at work? (Specify type of place)
(e) Means of injury: -

23. Signature: W. S. Dean

Address: Marine Hosp., Balto., Md. Date signed: 3/19/43 M. D.

No. 43001

Ba. 6460

C 02335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

Registered No. C 02335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Westwood Apts 2127 Mt. Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Annie F. North

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) 3/16/1858

8. AGE: Years 85 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Captain Henry H. North
13. Birthplace Md. #

MOTHER 14. Maiden Name Sarah Ann Hosmer
15. Birthplace Ballo. Md.

16 (a) Informant Mary E. Cecil
(b) Address 12 Mt. 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 20 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director John C. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by Registrar) MAR 19 1943 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1943 to 3-18 1943, and that I last saw her alive on 3-18 1943.

Immediate cause of death Respiratory failure — Duration: several years.

Due to Chronic myocarditis

Due to Pt. fell & fractured Rt humerus & Rt. hip 3-6-43

Other Conditions Fractured Rt Clavicle & Rt. femur

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 3-5-43 at 3:30 P M
(c) Where did injury occur? Baltimore city, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On street (Specify home, farm, etc.) While at work? no
(e) Means of injury Fell to sidewalk

23. Signature E. D. Jones M. D.
Address Md. Gen'l Hosp Date signed 3/19/43
For O. R. L. Graham
Howard J. Greenwald, M.D.

02336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93D 23336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caleigh & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name county)
(d) Street No. 4509 Schenley Rd. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER B SWEM

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth C. Swem
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1887

8. AGE: Years 60 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Maryland (City, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John G. Sweem
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E. Sands SANDS
15. Birthplace Maryland

16 (a) Informant Mrs. Elizabeth Sweem
(b) Address 4509 Schenley Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville Md

18 (a) Funeral director Bernard C. Hartz
(b) Address 121 E West St

19 (a) 3/19/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943 8:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1943 to March 17 1943 and that I last saw him alive on March 17 1943.

Immediate cause of death: (a) Aspirating Vomit
Due to Cerebro Vascular Thrombosis
(b) Accident
Due to Cerebro Cardio - Vascular Disease

Duration: 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip F. Lerner M. D.
Address 2201 N. Wolfe Ave Date signed 3/19/43

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02237 / 159

02237

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (~~year, mos. or~~ days) 2
(e) Length of stay in Baltimore (~~yrs. mos. or~~ days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 S. Baylis St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Krieger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-1943

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Howard Krieger
13. Birthplace Md.

MOTHER
14. Maiden Name Wilda Warfield
15. Birthplace Md.

16 (a) Informant Wilda Krieger
(b) Address 1005 S. Baylis St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory Location UNIVERSITY MEDICAL SCHOOL MAR 19 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date received by Local Registrar) MAR 19 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1943 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1943 to 3-16 1943 and that I last saw him alive on 3-16 1943

Immediate cause of death Prematurity

Due to Maternal Causes (Eclampsia)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mangano M.D.
Address 1213 Light St. Date signed 3-19-43

VS 180

L9918

02238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Low St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL MAR 19 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) MAR 19 1943 (b) Registrar
(Date rec'd by registrar)

9919

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1943, at 11 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed March 9 1943

02339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

C 02339 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Paca (Rooms)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Lee Woods

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
5-4-			hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 19 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAR 19 1943 (b) Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12- 1943, at 3 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death
Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malpass M.D.
Medical Examiner.
Date signed 3-13-43

19920

02340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Home Registered No. 1312 C 02340

Mort. Balto. - 1632-17 1/2 N. Wo. St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Sen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Stanley Hotel - 500 N. Howard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harold Chapman

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 19 1943
Commissioner of Health

18 (a) Funeral director
(b)

19 (a) MAR 19 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1943, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular Renal Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 3-10-43

VS 6

9921

7241 X C 07241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 Oak Drive
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Mollmeyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1943

8. AGE: Years	Months	Days	If less than one day
			7 hr. 56 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Francis Mollmeyer
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Hazel Selby
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 19 1943

18 (a) Funeral director Commissioner of Health
(b) Address
MAR 19 1943 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 19 43, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 19 43 to Mar. 3 19 43, and that I last saw him alive on Mar. 3 19 43.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Lattimer M. D.

Address Johns Hopkins Hospi Date signed 3-9-43

VS 3

7 9999

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

431385 — 804 — Registered No. C 02342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Cantan (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 2 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Sherwood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	Black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-39

8. AGE: Years	Months	Days	If less than one day
3	89	3	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER — 12. Name Oliver S Sherwood
13. Birthplace Md.

MOTHER — 14. Maiden Name Florence
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 19 1943

18 (a) Funeral director Commissioner of Health
(b) Address
MAR 19 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 13 1943 at 11 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1943 to Mar 13 1943 and that I last saw her alive on Mar. 13 1943

Immediate cause of death	Duration
Intracranial hemorrhage	
poisoning, undet. cause (?)	
Due to or encephalitis, type unknown (?)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Solomon
Address Johns Hopkins Hosp. Date signed 3/14/43

VS 150

F 9923

C 02343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C 02343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 W Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 925 W Fayette St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Estelle Dixon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1879

8. AGE: Years	Months	Days	If less than one day
63	y	7022	hr. min

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Home maker
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Elsie Carter
(b) Address 925 W Fayette St.

17 (a) Burial (b) Date thereof 3/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
(c) Huntington Williams M.D.

MAR 19 1943
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1943 to March 17 1943 and that I last saw h alive on March 16 1943.

Immediate cause of death: Congestive cardiac failure — Duration 9
Due to: Chronic Myocarditis — 7
Due to: Hypertensive Heart Disease
Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Walter Stevington
Address 201 N Carey St Date signed 3/18/43

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Cross out words not applicable. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C 02314

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 736 Eutaw St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 736 Eutaw St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary E. McNamara

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Daniel J. McNamara

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 20-1865

8. AGE: Years 77 | Months 3 | Days 25 | If less than one day — hr. — min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name John Keck
13. Birthplace Maryland

MOTHER
14. Maiden Name —
15. Birthplace Maryland

16 (a) Informant Daniel J. McNamara
(b) Address 736 Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore. Md

18 (a) Funeral director F. B. WIPPERT'S SON
(b) Address Eutaw Place & Lanvale St

19 (a) [illegible] 1943 (Registrar) Huntington Williams M.D.
MAR 19 1943
VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940, to, 3/17 1943, and that I last saw him alive on, 3/1 1943.

Immediate cause of death Coronary Thrombosis

Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature A. A. Comotton M.D.
Address 4209 Hamilton Ave Date signed 3/19/43

C 02845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31a

C 02845 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 19 or 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bishop Joseph M Turpin
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	married

6 (b) Name of husband ~~or wife~~ Ruth B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1887

8. AGE: Years	Months	Days	If less than one day
56	2	16	hr. min.

9. Birthplace Carolina Co., Md. (Town, county, and state)
10. Usual Occupation Clergyman
11. Industry or business

FATHER
12. Name John T. Turpin
13. Birthplace Carolina Co. Md.

MOTHER
14. Maiden Name Cora White
15. Birthplace Caroline Co. Md.

16 (a) Informant Winfield Showell
(b) Address 1132 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22 43 (month) (day) (year)
(c) Cemetery or crematory Laurel Memorial Park Inc.
Location Arbutus Md

18 (a) Funeral director Robert E Williams
(b) Address 1515 W Lafayette Ave

MAR 19 1943
Registered by registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943, to March 17 1943, and that I last saw h/ alive on March 11 1943.

Immediate cause of death	Duration
Uremia	2 years
Due to Hypertensive Cardio Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. H. Bonfield M. D.
Address Provident Hospital Date signed 3-18-43

A 02346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

C 02346 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dispensary Bethlehem Shipbuilding Corp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Ward Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Hawkins

3 (b) If veteran, name war: World War —
3 (c) Social Security Account No. 219-01-7253
4. Sex: Male
5. Color or race: Negro
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: ~~219-01-7253~~
6 (b) Name of husband or wife: Helen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 12 1880
8. AGE: Years 63 Months — Days 1 If less than one day hr. min.
9. Birthplace: Md (Town, county, and state)
10. Usual Occupation: Saloon
11. Industry or business

FATHER
12. Name: Charles Hawkins
13. Birthplace: Md

MOTHER
14. Maiden Name: Emily Mitchell
15. Birthplace: Md

16 (a) Informant: Charles Hawkins
(b) Address: 1037 W. 20 St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 17 1943 (month) (day) (year)
(c) Cemetery or crematory: U S National
Location: Baltimore Md
18 (a) Funeral director: Robert L. Williams
Address: 1 S McElderry St
MAR 18 1943
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13- 1943, at 8:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 3-13-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2850 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. DeLosier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Ida May DeLosier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7th 1862

8. AGE: Years	Months	Days	If less than one day
80	10	12	hr. min.

9. Birthplace Washington Co. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Jackson DeLosier

13. Birthplace Washington Co.

MOTHER 14. Maiden Name Talia Richard

15. Birthplace Md.

16 (a) Informant Mrs Ida M. DeLosier

(b) Address 2850 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodlawn

Location Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St.

MAR 20 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1943 at 10:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1943 to Mar 19 1943 and that I last saw h[illegible] alive on Mar 19 1943.

Immediate cause of death	Duration
Arteriosclerotic cardio-vascular disease	
Due to	
Due to	
Other Conditions Acute left ventricular failure + pulmonary edema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elij. B. Shmidt M.D.

Address University Hosp. Balto, Md. Date signed 3-19-43

02318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 Registered No. C 02318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital. 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 2½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 E. PRESTON (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME: RILEY, BERNARD A.
3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	WIDOWED

6 (b) Name of husband or wife: J. Anna Riley
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 24th 1852

8. AGE: Years	Months	Days	If less than one day
90	6	25	hr. min.

9. Birthplace Monkton, Balto. Co. Md. (town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business Penna R.R.

FATHER
12. Name Patrick Riley
13. Birthplace Ireland

MOTHER
14. Maiden Name Forghine Minnick
15. Birthplace Germany

16 (a) Informant John B. Fitzpatrick
(b) Address 721 Evesham Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md.
18 (a) Funeral director William Ook Inc
(b) Address 1167 St. Paul St
19 MAR 20 1943 Huntington Williams M.D. Registrar (Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1943 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1942 to 3-17 1943 and that I last saw alive on 3-16 1943

Immediate cause of death: Arteriosclerotic Cardiac Vascular disease c anasarca fair Congestive failure — Duration

Due to

Due to

Other Conditions: Infected fracture, neck of L. fem. Left Femur; Fracture Left Knee Joint (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide
(b) Date of occurrence 5-11-42 at M
(c) Where did injury occur? Baltimore, Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? HOME While at work? (Specify type of place)
(e) Means of injury Fell striking floor

23. Signature William H. Hartley M.D.
Address St. Joseph's Hosp. Date signed 3-17-43

for B & L Funeral Director
Edward F. Malone, M.D.

02319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 02319

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2933 Walbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2933 Walbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie E Rentch

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Elmore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apl 2. 1866
8. AGE: Years 76 Months 9 Days 15 If less than one day hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: William A Klenk
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Hibernia Mack
15. Birthplace: W Va

16 (a) Informant: Campbell & Fairall
(b) Address 2933 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Md
Location: Baltimore Md

18 (a) Funeral director: William Lee Doe
(b) Address 1217 E Pratt St

19 (a) MAR 20 1943 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943, at 11-57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1943 to Mar 17 1943, and that I last saw h-er alive on Mar 17 1943

Immediate cause of death: Coronary.

Due to: Occlusion

Due to:

Other Conditions: ✓

(Include pregnancy within 3 months of death)

Date of operation: ✓

Major findings of operations: ✓

of autopsy:

Duration
✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature: Clara L. Packard M.D.
Address 1219 Poplar Grove St Date signed 3/19/43

C 02350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. C 02350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp. 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Port Covington Locust Point (If outside city or town limits, write RURAL and give town)
(d) Street No. S.S. Marie Walker (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrik Lone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 30th 1920

8. AGE: Years	Months	Days	If less than one day hr.	min.
22	3	17		

9. Birthplace Skaugaland, Norway (Town, county, and state)

10. Usual Occupation A B Seaman

11. Industry or business

FATHER
12. Name Henrik Lone
13. Birthplace Norway

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant No Record
(b) Address

17 (a) Cremation (b) Date thereof 3/22/43 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Greenmount
Location Balto. Md

18 (a) Funeral director Wolfe-Cook Inc.
(b) Address 647 St. Paul St.

19 (a) MAR 20 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943, at 1:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said ~~inquest~~ autopsy ~~and~~ did that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Depressed fracture of skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 24/4
(b) Date of occurrence March 17 1943
(c) Where did injury occur? Pier #8 Port Covington (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? steamship (Specify type of place) While at work? yes
(e) Means of injury Fell down hatch in ship

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed March 18 1943

VS 6

C 02351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a

Registered No. C 02351

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 8 N
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Duncan St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lorraine Venzetta Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23rd 1942

8. AGE: Years	Months	Days	If less than one day
—	4	25	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John W. Harris
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Abbie Winkel
15. Birthplace Pa

16 (a) Informant John W. Harris
(b) Address 809 N. Duncan St

17 (a) Burial (b) Date thereof 3/22/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director Wilkens Cook Inc
(b) Address 1217 St. Paul St

19 MAR 20 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an autopsy thereon and from the evidence obtained by said inquiry & autopsy and that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Septicemia — Duration

Due to Acute otitis media

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 18 1943

VS 6

02352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √47

Registered No. C 02352

PLEASE WRITE PLAINLY. USE UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave.
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (Brooklyn) (If outside city or town limits, write RURAL and give town)
(d) Street No. 3614 2nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Carrie B Westinghouse

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
–	~	Female	White	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) April 20 1886

8. AGE: Years	Months	Days	If less than one day
56	10	20 22	hr. min.

9. Birthplace Anne Arundel Co (Town, county, and state)
10. Usual Occupation ff W
11. Industry or business

FATHER 12. Name James F Upton
13. Birthplace Md

MOTHER 14. Maiden Name Mary E Dyson
15. Birthplace Md

16 (a) Informant John Westinghouse
(b) Address 3614 2nd St Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director Williams M Marack
(b) Address 718 Light St

MAR 20 1943

Huntington Williams MD Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1943, at 2.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to March 17, 1943, and that I last saw h alive on March 17 1943.

Immediate cause of death OF LUNG
Carcinoma of lung c
metastases to mediast

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Mayo
Address St Agnes Hosp Date signed 3/17/43

C 02353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

C 02353 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: Univ. Hosp. 4 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B. C. County
(c) City or town Greenhaven
(If outside city or town limits, write RURAL and give town)
(d) Street No. Century Ave Parador R.D.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Watson (Pauline M.)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-12-43

8. AGE: Years 0 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Cline Watson
13. Birthplace West Virginia

MOTHER
14. Maiden Name Clara Smith
15. Birthplace West Virginia

16 (a) Informant Cline Watson
(b) Address Greenhaven Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 22 43 (month) (day) (year)
(c) Cemetery or crematory Head of Trail Cem
Location Clintonville W Va

18 (a) Funeral director Thomas W. Singleton
(b) Address Glen Burnie Md

19 (a) MAR 20 1943 (b) Registrar Huntington Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1943 at 9:22 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16, 1943 to March 18, 1943, and that I last saw h CK alive on March 18, 1943.

Immediate cause of death	Duration
Aspiration Pneumonia	
Due to	
Due to	
Other Conditions Prematurity Prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. E. Weeks, M. D.
Address Univ. Hosp. Date signed 3-19-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02254 Registered No.

C 02254 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Ave & Wilkins Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Merrydale (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 N. Bend Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosalie Canton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-1886

8. AGE: Years	Months	Days	If less than one day
57	-	28	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Manuel A Canton

13. Birthplace Portugal

MOTHER 14. Maiden name Susan L McGarr

15. Birthplace Md

16 (a) Informant Eugene J Canton

(b) Address 1562 Northgate Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director Guy A Finley

(b) Address Fulton & Fayette

19 (a) (Date received by Registrar) (b) (Registrar's signature)

MAR 20 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1943, at 12:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1943 to 3/17 1943, and that I last saw her alive on 3/17 1943.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosebery

Address St. Agnes Hosp. Date signed 3/19/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a

C 02355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Godshalk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Stella Godshalk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1869

8. AGE: Years	Months	Days	If less than one day
73	3	29	hr. min.

9. Birthplace Bedminster, N.J. (Town, county, and state)
10. Usual Occupation Retired accountant
11. Industry or business Swift & Co.

FATHER
12. Name Samuel Godshalk
13. Birthplace N.J.

MOTHER
14. Maiden Name Virginia (Unknown)
15. Birthplace N.C.

16 (a) Informant Stella Godshalk
(b) Address 2725 St. Paul St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Baltimore, Penna.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 (a) (b) Washington Williams

MAR 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 1943 at 11:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-vascular disease.
Due to
Due to
Other Conditions Intertrochanteric fracture Right Femur.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-16-43 at 7 P. M
(c) Where did injury occur? 2725 St. Paul St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped & fell to floor.

23. Signature Hugh J. McNulty M.D. Medical Examiner.
Date signed 3/19/43

C 02256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8302

C 02256 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4520 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4520 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia W. Busick

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife George W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29, 1866

8. AGE: Years	Months	Days	If less than one day
76	6	19	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Family
(b) Address

17 (a) Burial 3-22-43 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard Rank
(b) Address 5306 Harford Rd.

19 (a) (b) Huntington Williams M.D.

MAR 20 1943

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 to March 1943. and that I last saw h alive on 3-17 1943

Immediate cause of death Cerebral Hemorrhage — Duration 9 Months
Due to Arterial Hypertension — 5-10 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M.D.
Address 4520 Harford Rd. Date signed 3-19-43

C 02357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43a

C 02357 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Hillsdale Rd.
(c) Hospital or institution:
Anderson Convalescant Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apts.-Chas. & 34th (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SOPHIE A. PETERS

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-07-3694

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1882

8. AGE: Years	Months	Days	If less than one day
61	1	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Savings Bank of Baltimore

FATHER
12. Name George L. Peters
13. Birthplace Unknown

MOTHER
14. Maiden Name Sophie Albert
15. Birthplace Unknown

16 (a) Informant Miss Bertha Carr
(b) Address 102 Rosewood Ave., Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) [illegible] Registrar
[illegible] Huntington Hollins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1943, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1940. March 17 1943 and that I last saw h[illegible] alive on March 3, 19 43

Immediate cause of death: Coronary Thrombosis
Due to: Hypertension
Due to: Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)

Duration
1 day
10 yrs.
8 yrs.

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin Lee Stuart M. D.
Address 6 E 6 Fulton Ave Date signed 3/20/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1932 C 02358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2240 W. Lexington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2240 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA J. WHITE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife George White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1849

8. AGE: Years	Months	Days	If less than one day
94	1	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George R. Mann
13. Birthplace Md.

MOTHER
14. Maiden Name Christine Albun
15. Birthplace Lancaster, Pa.

16 (a) Informant Mrs. Laura Gribbin
(b) Address 2240 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 1945 Balto., Md.

19 (a) [illegible] (Rec'd by registrar) (b) [illegible]

Thomas J. Williams, Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1943, at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/3 1942 to 3/19 1943 and that I last saw [illegible] alive on 3/19 1943.

Immediate cause of death

	Duration
Auricular Fibrillation	
Due to Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel L. Mahaney M. D.
Address 1945 W. Balto Date signed 3/19/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1321a

Registered No. C 02259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 N. Carlton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 116 N. Carlton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Will Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/1894

8. AGE: Years 47 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace N. Carolina
(Town, county, and state or foreign country)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name Willie Leak
13. Birthplace NC

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mary Williams
(b) Address 116 N Carrollton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) MAR 20 1943 (b) Huntington Williams Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1943, at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1943 to 3-17 1943 and that I last saw h[illegible] alive on 3/16/1943.

Immediate cause of death

Chronic Cardiovascular Renal disease,
Due to Varicose ulcer

Due to

Other Conditions Obesity
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 Mos
4 Mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. F. Jackson M. D.
Address 100 Mulberry St

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93a Registered No. C 02360

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1418 W. Franklin
(c) Hospital or institution: Balto, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give county)
(d) Street No. 1418 W. Franklin
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 051-12-3375

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hannah Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1905

8. AGE: Years 37 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Balto, Md (City or County, State)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name James E. Brown
13. Birthplace Buckingham County Va.

MOTHER
14. Maiden Name Agnes Toogood
15. Birthplace Md

16 (a) Informant James E. Brown
(b) Address 1418 W. Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mr. Peter R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date received by registrar) (b) Registrar

MAY 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1943 at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16/43 to 19..., and that I last saw h... alive on 19...

Immediate cause of death — Duration

Acute Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Adolphus, M.D.
Address 1131 Harlem Ave Date signed 5/19/43

vs

C 02361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

C 02361
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) / Low 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 W. Franklin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Annie E. Gray Chavis.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1932

8. AGE: Years	Months	Days	If less than one day
11	-	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Chavis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Gray
15. Birthplace Baltimore, Md.

16 (a) Informant Mary Simms
(b) Address 822 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 322 N. Schroeder St

19 (a) MAR 20 1943 (Date received by local registrar)
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 12 20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Meningococcus meningitis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed March 18 1943

C 02352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

C 02352

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 E. Preston street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

9-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 E. Preston street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARTIN J. DONNELLY

3 (b) If veteran, name war -----

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella McNally Donnelly
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1869

8. AGE: Years	Months	Days	If less than one day
73	4	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Donnelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Denn
15. Birthplace Ireland

16 (a) Informant Mrs. Ella Donnelly
(b) Address 724 E. Preston street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Clay J. Eyrer Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) MAR 20 1943 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 19 43, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1943, to Mar 18 1943, and that I last saw him alive on Mar 17 1943.

Immediate cause of death: Pneumonia Myocarditis
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Donnelly M.D.
Address 724 E. Preston Date signed 3/19/43

C 02363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 02363

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Longwood street
(c) Hospital or institution: -------
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Longwood street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ELLEN BURKE (ELLA)

3 (b) If veteran, name war ----

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or ~~wife~~ Frank Burke

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1865

8. AGE: Years 77 | Months 3 | Days -- | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Patrick McGeeney
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Fields
15. Birthplace Ireland

16 (a) Informant Miss Mary E. Burke
(b) Address 2105 Longwood street

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/22/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son Inc
(b) Address 418 N. Mt. Royal Ave

19 (a) MAR 20 1943 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 19 43 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1941 to March 18 1943 and that I last saw h~~e~~ alive on March 17 1943

Immediate cause of death: Myocarditis (~~cardiac~~) — Duration ~~2 months~~

Due to Arteriosclerosis advanced — ?

Due to Cerebral Hemorrhage & paralysis — 2 weeks

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hallie Dunbar M. D.
Address 220 Harrison Blvd Date signed March 19/43

G-02364

JL - 80427

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

G-02364
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Morris St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Dotson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1888

8. AGE: Years	Months	Days	If less than one day
55	2	13	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bath. Steel - Fairfield

FATHER
12. Name Henry Dotson
13. Birthplace Md

MOTHER
14. Maiden Name Annie Philips
15. Birthplace Md

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Charles S. Cooper
(b) 512 N. Calhoun St. Huntington Williamsport, Md.

MAR 22 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1943, at 6:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1943 to 3/19 1943 and that I last saw h[illegible] alive on 3/19 1943.

Immediate cause of death [illegible]

Duration 5 days

Due to (b)

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address BALTIMORE CITY Date signed 3/19/43

VS 180

1443PS

PLEASE WRITE PLAINLY, with UNFADING INK. Every item must be answered or "unknown" inserted if not known. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

Page 02355 C 02355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Tolbert

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 217-07-8861

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ? Tolbert
13. Birthplace Va

MOTHER
14. Maiden Name Louerma ?
15. Birthplace Va

16 (a) Informant Louise Tolbert
(b) Address 216 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. C. County Md.

18 (a) Funeral director Joseph S. Locke
(b) Address 1304 N. Eutaw St.

19 (a) MAR 20 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Found drowned
(b) Date of occurrence unknown
(c) Where did injury occur? Found Pier # 4 Pratt St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor (Specific type of place) While at work? ?
(e) Means of injury Drowned

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed March 18 1943

VS 6

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

C 92366 T.B 75214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. C 92366

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospital 18

(d) Length of stay in hospital or inst. (yrs., mos., or days) 234 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore 2

(If outside city or town limits, write RURAL and give town)

(d) Street No. 123 Scott St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Nicholas Kolleck

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 1895

8. AGE: Years	Months	Days	If less than one day
47	4 6	18	hr. min.

9. Birthplace Hungaria (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER 12. Name Stephen Kolleck

13. Birthplace Hungaria

MOTHER 14. Maiden Name Elizabeth

15. Birthplace Hungaria

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ 22 43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Blair Rd

18 (a) Funeral director Joseph Kaczmarek Sons

(b) Address 600 Wash. Blvd

MAR 20 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 19 19 43 at 3:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942 to Mar. 19 1943 and that I last saw him alive on Mar. 19 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	5 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A S Hurst M. D.

Address Balto City Hosp Date signed 3/20/43

VS 180

02367 X V C 02367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town DUNDALK (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Sp Pt Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augustus' McCready

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give [illegible] years

7. Birth date of deceased (mo., day, yr.) 5-[illegible]-05

8. AGE: Years 38 ~~37~~ Months 9 Days 22 If less than one day hr. min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John McCready
13. Birthplace Pa.

MOTHER 14. Maiden Name Minnie Keal
15. Birthplace Pa.

16 (a) Informant RECORDS JOHNS HOPKINS HOSP'L
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 22/43 (month) (day) (year)
(c) Cemetery or crematory Williamsport Pa
Location " "

18 (a) Funeral director John O. Mitchell Bond
(b) Address 600 Eutaw Place Huntingdon Williamsport Md.

MAR 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 19 1943 at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible], and that I last saw h[illegible] alive on [illegible], 19[illegible].

Immediate cause of death Lobar Pneumonia LUL, LLL, RUL — Duration 1 wk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard C. C. Thomas, M.D.
Address Johns Hopkins Date signed 3/20/43

(over)

PRINT WRITE PLAINLY, WITH UNFADING INK. ENTRIES MUST BE MADE IN ALL BLANKS. Do not use abbreviations except where directed. Answer every question by a statement of fact, or if the question is not applicable, state "none" or "not applicable." Where exact information is not known, supply the best estimate possible. Be sure to give the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 110

6 92368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4613 Registered No. S 02368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2831 Guilford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2831 Guilford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Cordelia Treadwell

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4 Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Clarence E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 26 1865

8. AGE: Years 77 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Harford Co. Maryland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name David Boyd
13. Birthplace Unknown

MOTHER
14. Maiden Name Margret M. Campbell
15. Birthplace Unknown

16 (a) Informant Mrs B. Master
(b) Address 2831 Guilford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Forest Hill Md

18 (a) Funeral director John A Moran
(b) Address 4201 Greenmount ave.

19 MAR 20 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 18 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1943 to Mar 18 1943 and that I last saw h— alive on Mar 18 1943.

Immediate cause of death	Duration
Carcinoma of Liver	1 yr
Carcinoma of stomach	1 yr
Due to	
Due to Toxemia	1 yr
Other Conditions Carcinomatosis of Abdomen	1 yr

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. H. Bishop M. D.
Address 581 Sheridan Av Date signed Mar 19-43

VS 8

Please write clearly, using ink. Do not use pencil. Do not abbreviate. Be sure to answer all questions. Be sure to give correct age in years, months, days. Physicians: please write the causes of death clearly and legibly.

C 02369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. C 02369

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 E. Lexington St
(c) Hospital or institution:
5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1107 E. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Dupree

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced W.

6 (b) Name of husband or wife George Dupree

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1893

8. AGE: Years 49 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Archer Wood

13. Birthplace Va

MOTHER 14. Maiden Name Ellen ?

15. Birthplace Va

16 (a) Informant Meredith E. Coles

(b) Address 1313 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Braintree Ave

19 MAR 20 1943 Huntington Williams

(Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 17 1943 at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 14 1943 to Mar 17 1943 and that I last saw h[illegible] alive on Mar 17 1943

Immediate cause of death — Duration

Acute Bronchial Pneumonia Primary — 4 days

Due to no

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. E. Allen

Address 12 Arcquette Date signed 3-[illegible]-43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

#31294

B.02370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

B.02370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 W @ Rural St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 - 4 - 73

8. AGE: Years	Months	Days	If less than one day
69	3	16	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Farming
11. Industry or business

MOTHER / FATHER
12. Name Nathaniel Wilson
13. Birthplace Ireland
14. Maiden Name Ann Albaugh
15. Birthplace ?

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-43 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Frederick - Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Md.

MAR 21 1943 (Date rec'd by registrar) (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1943 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1943 to Mar 20 1943 and that I last saw h[illegible] alive on Mar 20 1943.

Immediate cause of death Bronchopneumonia Bilateral — Duration 1 week
Due to Chronic Bronchitis — many years
Due to
Other Conditions Benign prostatic hypertrophy, Widely metastasized Ca.
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Lemmon M. D.
Address Johns Hopkins Hosp Date signed 3/20/43

VS 180

cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

A02371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E 202371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 660 N Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 660 N Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Casey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Race French | 5. Color or race Color | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Clarence Casey 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1889

8. AGE: Years 53 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Washington DC (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Martha B Geary
13. Birthplace Washington D C

MOTHER 14. Maiden Name Martha B Dean
15. Birthplace Washington D C

16 (a) Informant Mary L Heathfield
(b) Address 660 N Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Balto. Co. Location Catholic Cemeteries

18 (a) Funeral director
(b) Address 1500 McCausland Ave Hunting & Williams Inc

MAR 21 1943 (Date received by local registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943 at 10:20 M

21. I certify that death occurred on the date above stated, that I attended deceased from March 14 1943 to March 15 1943 and that I last saw h[illegible] alive on March 15 1943.

Immediate cause of death: Uraemia

Due to:

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 3-21-43

correct age is especially important. Physicians: please write the causes of death clearly

C 02372 BALTIMORE CITY HEALTH DEPARTMENT ✓ Registered No. 13B C 02372

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 N. Stricker St.
(c) Hospital or institution: ~~Baltimore~~ 19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Laurence C. Vanter

3 (b) If veteran, name war —

3 (c) Social Security Account No. 228-05-8914

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 31, 1916

8. AGE: Years	Months	Days	If less than one day
31	11	18	hr. min.

9. Birthplace Hanover, Va.
(Town, county, and state)

10. Usual Occupation Egg Candler.

11. Industry or business Poultry.

FATHER
12. Name James G. Vanter
13. Birthplace Virginia.

MOTHER
14. Maiden Name Maggie M. Chandler.
15. Birthplace Virginia

16 (a) Informant Howard Vanter.
(b) Address 412 N. 23rd St. Richmond, Va.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/24/43 (month) (day) (year)

(c) Cemetery or crematory
Location Richmond, Va

18 (a) Funeral director Thos. J. Kenny
(b) Address 16 or 18 Hopkins Pl.

(a) MAR 21 1943 (Date received by Registrar) **(b)** Huntington Pettigrew M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1943, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1943, to 3/19 1943, and that I last saw h[illegible] alive on 3/18 1943.

Immediate cause of death Pulmonary Tuberculosis — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. Carlson M. D.

Address 2145 W. Balto St. **Date signed**

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02373

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. DEC C 02373

Found on barge Mc Lean

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
City or town Matoaca
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Herman M Holt

3 (b) If veteran, name war

3 (c) Social Security Account No. 226-07-8017

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3 - 1901

8. AGE: Years	Months	Days	If less than one day
42 yrs	1	17	hr. min.

9. Birthplace Chesterfield Co. Va.
(Town, county, and state)
10. Usual Occupation Mate to Captain
11. Industry or business Ma Lane Co.

FATHER
12. Name Edwd E Holt
13. Birthplace Chesterfield Co. Va

MOTHER
14. Maiden Name Sarah Caroline Stemple
15. Birthplace Chesterfield Co. Va

16 (a) Informant E. E. Morris & Sons
(b) Address Petersburg Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 21 - 43 (month) (day) (year)
(c) Cemetery or crematory East Matoaca Cem.
Location Matoaca - Chesterfield Co. Va.

18 (a) Funeral director Chas E Miller Inc.
(b) Address 2435 E Olivia St
MAR 21 1943 (Date rec'd by registrar) Huntington Milliams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 11 40 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy & inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation due to carbon monoxide

Due to fumes from gasoline motor

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 18 1943 8:45 A.M.
(c) Where did injury occur? Harbor foot of Hull St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? on barge While at work? No
(Specify which one)
(e) Means of injury Inhaled fumes from gasoline motor
23. Signature Robert L. Graham Medical Examiner.
Date signed March 20 1943.

VS 6

C 02374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. C 02374 — 178 — Found in barge McLain

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Applies to name, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp. V
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Georgia (b) County
(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Johnson St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Evelyn Prevaux Highsmith

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Paul
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/21/19

8. AGE Years	Months	Days	If less than one day
23	2	27	hr. min.

9. Birthplace Smoans, S. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David Preveaux
13. Birthplace Smoaks, S. C.

MOTHER
14. Maiden Name Rosa Griffin
15. Birthplace Bamberg, S. C.

16 (a) Informant Rosa Stutts
(b) Address Myers P. O., Chase, S. C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-1943 (month) (day) (year)
(c) Cemetery or crematory
Location Brunswick Ga

18 (a) Funeral director Leg Gilbrook
(b) Address 1103 N Patterson Park

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 11:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry ~~& autopsy~~ thereon and from the evidence (Autopsy or Inquiry)
obtained by said ~~I~~ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation due to Carbon monoxide — Duration

Due to fumes from gasoline motor

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 18 1943 8:40 A.M.
(c) Where did injury occur? Harbor boat of Hull St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? on barge While at work? no (Specify type of place)
(e) Means of injury Overcome by fumes from gasoline motor
23. Signature Robert Lee Grafton (Medical Examiner)
Date signed March 19 1943 (OVER)

Surgeons C 02375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178 C Registered No. C 02375

Formerly Barge McLain

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Smith Balto. Genl Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Georgia (b) County
(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Johnson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Highsmith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Evelyn Preveaux
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16,

8. AGE: Years	Months	Days	If less than one day
39	1	2	hr. min.

9. Birthplace Tattnall Co. (Town, county, and state)
10. Usual Occupation Captain or Barge
11. Industry or business Handling of Boat

FATHER
12. Name William V. Highsmith
13. Birthplace Tatnall Co.

MOTHER
14. Maiden Name Eliza J. Mosley
15. Birthplace Tatnall Co.

16 (a) Informant Mrs. M. T. Turner
(b) Address 1006 Johnson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20th 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Brynswick Ga

18 (a) Funeral director Leo B. Cook
(b) Address 1703 N. Patterson Park ave

19 (a) [illegible] (b) [illegible] Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 11:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an the Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said the Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation Duration
due to carbon monoxide

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 18 1943 8 A M
(c) Where did injury occur? Harbor foot of Hull St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On barge (Specify type of place) While at work? Yes
(e) Means of injury Inhaled fumes from gasoline motor

23. Signature Robert Lee Graham M.D.
(Medical Examiner)
Date signed March 19 1943.

VS 6

(OVER)

C 02[illegible]6 — BALTIMORE CITY HEALTH DEPARTMENT — Registered No. C 02[illegible]6

CERTIFICATE OF DEATH

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 days
(e) Length of stay in Baltimore (yrs., mos., or days): 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Fla. (b) County: -
(c) City or town: Jacksonville (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1837 Thelma Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country: -

3 (a) FULL NAME: JOHN ROBERT McCORMACK

3 (b) If veteran, name war:
3 (c) Social Security Account No.: 170-07-6849

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 6, 1900

8. AGE: Years	Months	Days	If less than one day
42	4	14	- hr. - min.

9. Birthplace: Mt. Vernon, Fla. (Town, county, and state)
10. Usual Occupation: Deck Eng.
11. Industry or business: Merchant Seaman

FATHER
12. Name: John R. McCormack
13. Birthplace: Ala.

MOTHER
14. Maiden Name: Cora Lee
15. Birthplace: Fla.

16 (a) Informant: Records, U.S.Marine Hosp.
(b) Address: Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: Mar. 20-43 (month) (day) (year)
(c) Cemetery or crematory: —
Location: Jacksonville Fla.

18 (a) Funeral director: Geo. L. Beyer Jr
(b) Address: 512 Hollins St

MAR 21 [illegible] (b) [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH: March 20, 1943 at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 18, 1943 to Mar. 20, 1943 and that I last saw him alive on Mar. 20, 1943

Immediate cause of death	Duration
Lobar pneumonia ;	2 days
complicated with acute	
DEATH alcoholic poisoning	4 days
Due to -	
Other Conditions -	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: --
(b) Date of occurrence: - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? (Specify type of place)
(e) Means of injury:

23. Signature: W. J. Thomas M. D.
Address: Baltimore, Md. Date signed: 3/20/43

VS 150

No. 44990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as completely as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution: Monument & Rid Lane Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County AA Co
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES E. SADLER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Edith D Sadler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	10	3		

9. Birthplace Annapolis Md. (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Hardware

FATHER
12. Name Wm. J. Sadler
13. Birthplace Matthews Va

MOTHER
14. Maiden Name Ida Rawlings
15. Birthplace Annapolis Md

16 (a) Informant Mrs. Edith D Sadler
(b) Address Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22 43 (Month) (day) (year)
(c) Cemetery or crematory Edgewood Cemetery
Location Annapolis Md

18 (a) Funeral director Miller Amoss
(b) Address 1003 W Baltimore Street

MAR 21 1943 Hyatt & Williams
(Date rec'd by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 19 43, at 2:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19, 1943, to Mar 20 1943, and that I last saw him alive on Mar 20, 1943.

Immediate cause of death: Circulatory Collapse — Duration
Due to: Meningococcus meningitis
Due to:
Other Conditions: Cardiac failure
Pulmonary edema
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Robert Lewis, M. D.
Address Sinai Hospital Date signed 3/20/43

C 02778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

C 02778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 660 W. Balto. Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 660 W. Balto. Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James W. Quillan James H. Quillin

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Laura Alberta Quillin
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Abt. 1878

8. AGE: Years	Months	Days	If less than one day
Abt. 65			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Willetta McCarthy
(b) Address Hernwood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22, 1943 (month) (day) (year)
(c) Cemetery or crematory New Oakland Cemetery
Location Carroll County, Md.

18 (a) Funeral director Willis Funeral
(b) Address 2005 W. Baltimore St.

MAR 21 1943 (Date rec'd by registrar)
(By) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19- 1943, at 4:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition / Autopsy thereon and from the evidence obtained by said Inquisition / Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Arteriosclerotic Cardio-Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 3/19/43

VS 6

Please write plainly, with unfading ink. Every item of information should be correct and complete. Physicians: please write the causes of death clearly and correctly. The age is especially important.

C 02379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128 Registered No. C 02379

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 621 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Loren Edgar Lichliter

3 (b) If veteran, name war NV

3 (c) Social Security Account No. 218-01-5346

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced.
Male	White	Divorced

6 (b) Name of ~~husband or~~ wife Helen Lichliter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 29th 1902

8. AGE: Years	Months	Days	If less than one day
40	11	21	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business American Brakeshoe Co

FATHER
12. Name Marion Lichliter
13. Birthplace Va

MOTHER
14. Maiden Name Laura Patterson
15. Birthplace Va.

16 (a) Informant Douglas Lichliter
(b) Address Ellicott City Md.

17 (a) Removal (b) Date thereof 3/21/43
(~~Burial, cremation~~ or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Dietrich
Location Va.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

MAR 21 1943
(Date rec'd by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1943. 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar-19- 1943. to Mar-20- 1943. and that I last saw him alive on Mar 20 1943.

Immediate cause of death: Acute Septremia — Duration

Due to Acute abscess of left testicle

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. H. Phillips M. D.
Address 1939 Edmondson Ave Date signed Mar 20 1943

C 02389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42D

C 02350 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hopkins Apartments
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins Apartments (If rural give location)
2824 St. Paul St.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth C. Morse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Prof. Harmon N. Morse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1857

8. AGE: Years	Months	Days	If less than one day
86	1	20	hr. min.

9. Birthplace Maine (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John Clark
13. Birthplace Maine

MOTHER
14. Maiden Name Mary
15. Birthplace Maine

16 (a) Informant Mrs. Ethel M. Lawrence
(b) Address 3800 Tudor Arms Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery ~~cemetery~~ Amherst
Location Amherst, Mass.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1600 Eutaw Place
(c) Date received MAR 21 1943 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1943 at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to March 19 1943, and that I last saw h alive on March 19 1943

Immediate cause of death Acute dilatation of Heart — Duration 12 hours

Due to Angina - Carcinoma — 4 years

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert M. Foster M. D.
Address 2824 St. Paul St. Date signed

VS 180

C 02381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02381

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Women's Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Merrindale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 Aldershot Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Carolyn Hayes.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Infant.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19 - 1943

8. AGE: Years	Months	Days	If less than one day
—	—	—	9 hr. 31 min.

9. Birthplace Baltimore. Maryland.
(Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Albert Joseph Hayes
13. Birthplace Baltimore Maryland.

MOTHER
14. Maiden Name Dora Frances Dietz
15. Birthplace Granite. Maryland

16 (a) Informant Mother.
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 22/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Fred. Road

18 (a) Funeral director John D. Mitchell Sons
(b) Address 1300 Eutaw Place

MAR 21 1943
(Date rec'd by registrar)

(by) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943, at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943 to March 20 1943 and that I last saw h.e alive on March 20 1943

Immediate cause of death Placentalrenia at 8 months. Prematurity.

Duration

Due to Congenital Atelectasis

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature John G. Murray M. D.
Address 1 E. Eager St. Date signed Mar 20 43

VS 3

JL - 8061 02382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02382 / 1246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished as supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Colvin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Viola Frezier

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 1904

8. AGE: Years 34 ? Months ? Days ? If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Anne Arundel County.

18 (a) Funeral director Byron + Mamie Wright
(b) Address 724 Biddle St.

MAR 21 1942 Huntington Williams M.D.
(Registrar)

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 1942 at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1942 to 3/18 1942, and that I last saw h[illegible] alive on 3/18 1942.

Immediate cause of death Uraemia — Duration ?

Due to Acute Nephritis — Duration ?

Due to

Other Conditions Chronic Ulcer of Lip — Duration ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Hattman M. D.
Address Baltimore City Hospitals Date signed 3/20

C 02383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

C 02383
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3236 Ravenwood ave.
(c) Hospital or institution: 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3236 Ravenwood Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany
Has been in this country 28 years.

3 (a) FULL NAME Frederick Glaubetz

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-05-9175

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Susanna Glaubetz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30-1881

8. AGE: Years 61 | Months 3 | Days 18 | If less than one day hr. min. 19

9. Birthplace Germany
(Town, city, and state)

10. Usual Occupation Bottle Washer & Capper
11. Industry or business Drugs

FATHER
12. Name David Glaubetz
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Fisher
15. Birthplace Germany

16 (a) Informant Mrs Susanna Glaubetz
(b) Address 3236 Ravenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto City

18 (a) Funeral director Ulrich Funeral Directors
(b) Address 2004-8 Orleans St

MAR 21 1943 Huntington Williams
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19- 1943, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inspection & Autopsy and that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
If autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malpas M.D.
Medical Examiner.
Date signed 3/19/43

C 02384 C 02384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 Sulgrave Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days) 13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Sulgrave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna E Goldstein

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife John A Goldstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31 1869

8. AGE: Years	Months	Days	If less than one day
73	11	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business Home

FATHER — 12. Name	Chas H. Lang.
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	Mary L DeLaurier
MOTHER — 15. Birthplace	Germany

16 (a) Informant Catherine Heldbrith
(b) Address 2006 Sulgrave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-6 Pulaski St

MAR 21 1943 (Date rec'd by registrar) Washington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1943 to March 18 1943, and that I last saw her alive on March 18 1943.

Immediate cause of death
Cerebral Hemorrhage — Duration 5/8/43
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas D. Berbert
Address 4803 Park Heights Ave Date signed 3/19/43 (M. D.)

C 02385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) If hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs.~~, mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie E. McCabe

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2nd 1875

8. AGE: Years 68 | Months 0 1 | Days 18 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None / Retired

11. Industry or business School Teacher

FATHER
12. Name ? Reese
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Helen M. Grover
(b) Address 2418 Callow Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/23/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md

18 (a) Funeral director Williams Cook Inc
(b) Address 342 W. Lexington St. Huntington Williams, M.D.

19 MAR 21 1943 (Date filed by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1943, to Mar 20 1943, and that I last saw h[illegible] alive on Mar 20 1943.

Immediate cause of death Hypostatic pneumonia — Duration
Due to Cerebral hemorrhage
Due to
Other Conditions Hemiplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Herman Williams M. D.
Address Maryland General Hosp. Date signed Feb. 20

VS 3

1943

C 02386 C 02386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 Sylvan Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County,
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 Sylvan Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George F. Schleppey Sr.

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Christina A Schleppey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1867

8. AGE: Years	Months	Days	If less than one day
75	6	5	hr. min.

9. Birthplace Baltimore Md (Town, county, state)
10. Usual Occupation Barber (Retired)
11. Industry or business

FATHER
12. Name Geo. Schleppey
13. Birthplace Germany ?

MOTHER
14. Maiden Name Margaret
15. Birthplace Germany

16 (a) Informant Geo F Schleppey Sr
(b) Address 2918 Sylvan ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

MAR 21 1943 (Date rec'd by registrar) (b) Daughter Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1943, at 2 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1942 to March 19 1943, and that I last saw him alive on March 18 1943

Immediate cause of death Carcinoma Stomach — Duration 7 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stevens
Address 2878 Hartford Rd Date signed 3-19-43 M. D.

C 02387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02387

430895

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Santo Puerto Rico (b) County Juncos
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Ave Fdez (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andres Guillemard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Maria L.
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1-27-81

8. AGE: Years	Months	Days	If less than one day
62	1	18	hr. min.

9. Birthplace France (Town, county and state)
10. Usual Occupation Agriculture
11. Industry or business Agriculture

FATHER
12. Name Gaston Guillemard
13. Birthplace France

MOTHER
14. Maiden Name Louise De Chandon
15. Birthplace France

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) ENTOMBMENT (Burial, cremation, or removal) (b) Date thereof Mar 25 1943 (month) (day) (year)
(c) Cemetery or crematory GREENMOUNT
Location BALTIMORE, Md.

18 (a) Funeral director McElroy Cook Dec
(b) Address 1217 St. Paul St

MAR 21 1943 (Date received by registrar) (b) Registrar

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1943 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943 to March 15 1943 and that I last saw him alive on March 15 1943

Immediate cause of death Uremia — Duration 6 days

Due to Renal failure — 6 days

Due to Cancer of the prostate

Other Conditions

(Include pregnancy within three months of death)

Date of operation March 8 1943, March 14 1943

Major findings of operation: Cancer of the prostate

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hope E. Merrell
Address Johns Hopkins Hosp. Date signed 3/16/43 M. D.

C 02688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1639

C 02688 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT F. STEWART

3 (b) If veteran, name war NO
3 (c) Social Security Account No. 216-05-3278

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Rena V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 - 1902

8. AGE: Years 40 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business Gen. Chemical Co

FATHER
12. Name William E Stewart
13. Birthplace unknown

MOTHER
14. Maiden Name Mary Foote
15. Birthplace unknown

16 (a) Informant Rena V Stewart
(b) Address 3602 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22 - 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director Frank H Seitz
(b) Address 714 W 36 St

19 (Date rec'd by registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1943, at 2 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Potassium cyanide poisoning — Duration

Due to

Due to

Other Conditions NO

(Include pregnancy within 3 months of death)

Date of operation NO

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-19-43 at 1 30 PM
(c) Where did injury occur? at own residence (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? NO (Specify type of place)
(e) Means of injury ingestion of poison

23. Signature H. L. Wallenmeyer M.D. Coroner Medical Examiner.

Date signed 3-19-43

VS 4

C 02389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55B

C 02389 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2454 Shirley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 - 12
(e) Length of stay in Baltimore (yrs., mos., or days) 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2454 Shirley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wolf Samet

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Fanny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Pants Cont
11. Industry or business

FATHER
12. Name Samuel Samet
13. Birthplace Russia

MOTHER
14. Maiden Name Rozah —
15. Birthplace R.

16 (a) Informant Aaron Samet
(b) Address 4409 Pallmall Rd.

17 (a) burial (b) Date thereof 3-21-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Int Carmel
Location Hesman Hill Rd.

18 (a) Funeral director Jack Laura Inc
(b) Address 1439 E. Balto St

MAR 21 1943 Date Received by Registrar — for Williams M.R. Registrar

VS 180

MEDICAL CERTIFICATION

48P

20. DATE OF DEATH 3-20-43 19 , at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 41 to 3-20 19 43 and that I last saw h alive on 3-19 19 43

Immediate cause of death
Pul. congestion
Due to Sarcomatosis
Due to Sarcoma Lung

Duration
2 days
4 years

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard Cohen M. D.
Address Maryland Hospital (Date signed)

G 02390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02390

131 a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Winchester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Winchester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Huston

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Caroline

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — — 1887

8. AGE: Years	Months	Days	If less than one day
55	—	—	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Caroline Anderson
(b) Address 1519 Winchester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna ave

19 (a) Date rec'd (year) (b) Registrar Huntington Williams MR

MAR 21 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1943 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6- 1943 to 3-18- 1943 and that I last saw h[illegible] alive on 3-17- 1943.

Immediate cause of death Cardiac Dilatation

Due to Cardiac Vascular Renal Disease

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Wm R Boykin MD

Address 1135 Eutaw Date signed 3/29/43 M. D.

C 02391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146

C 02391 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1950 Linden Ave
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1950 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minae Feikin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Bernard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Abraham Sadenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Leah ?
15. Birthplace Russia

16 (a) Informant Bernard Feikin
(b) Address 1950 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 21, (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location 3600 E. Balto St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) 1 1943 Huntington Williams M.D.
(Local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943 at 9.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1942 to 3/17 1943. and that I last saw her alive on 3/17 1943.

Immediate cause of death: Carcinoma of Stomach & Esophagus — Duration about 10 mo.
Due to
Due to
Other Conditions Arterio Sclerosis ? & hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 1943 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore H. Morrison M. D.
Address 11 E. Chase St Date signed 3/20/43

VS 180

Magaziner
C 02342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

C 02332
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Magaziner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	

6 (b) Name of husband or wife Rubin Magaziner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Houe Work

FATHER
12. Name Barney Rudtmann
13. Birthplace Russia

MOTHER
14. Maiden Name Estella ?
15. Birthplace Russia

16 (a) Informant Rubin Magaziner
(b) Address 1914 Ruxton Ave

17 (a) Burial (b) Date thereof March 21, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Workmen Circle Cemetery
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

MAR 21 1943
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20-1943, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-1943 to 3-20-1943, and that I last saw her alive on 3-20-1943.

Immediate cause of death
Cerebral Hemiplegia
Diabetes Mellitus

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin
Address Levindale Date signed 3/20/43

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02393 Registered No. 184

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 Roberts Av. Catonsville
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Roberts ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margie Tate

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30 1918

8. AGE: Years	Months	Days	If less than one day
24 25	7	18	hr. min.

9. Birthplace Burningham Alabama (Town, county, and state)
10. Usual Occupation Housekeeper for father
11. Industry or business

FATHER
12. Name W. H. Tates
13. Birthplace Burningham Alabama

MOTHER
14. Maiden Name Mary Ellen Earle
15. Birthplace Avondale Ala

16 (a) Informant W. H. Tates
(b) Address 15 Roberts Av. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-43 (month) (day) (year)
(c) Cemetery or crematory
Location Mateer Star Catonsville Md

18 (a) Funeral director Harry G. Cooper
(b) Address 51 E. Saratoga St.

19 (a) (Date received by Registrar) Huntington Williams M.D. Registrar

MAR 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1943, at 7 15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Burn shock & abdomen	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in [illegible] Accident
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-18-43 at 5 P. M
(c) Where did injury occur? 15 Roberts Street
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Fire arm - pistol

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-19-43

(over)

C 02334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 C

C 02334 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1245 Knox Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1245 Knox Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Gibbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Hiram R. Gibbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1870

8. AGE: Years	Months	Days	If less than one day
73	6	6	hr. min.

9. Birthplace Bankblount Co., Tenn. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William French
13. Birthplace Tenn.

MOTHER
14. Maiden Name Don't Know
15. Birthplace Tenn.

16 (a) Informant Charles C. Gibbin
(b) Address 1245 Knox Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 (month) (day) 1943 (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location A. A. Co. Md.

18 (a) Funeral director A. Hoyland & Sons
(b) Address 1400 E. Baltimore St.

MAR 21 1943 Huntington Williams, M.D.
(Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1943 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to March 19 1943 and that I last saw h[illegible] alive on March 18th 1943

Immediate cause of death

	Duration
Chronic myocarditis	
Due to Rheumatism	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunter Wilson, M.D.
Address 1340 E. Monument Date signed March 19, 1943

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

C 02395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 02395 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 N. Chase St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 220 N. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Dewey Crawford
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-05-6980

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Maggie Crawford
6 (c) If living, give age 39 years

7. Birth date of deceased (mo., day, yr.) May 12, 1900

8. AGE: Years 42 | Months 10 | Days 6 | If less than one day hrs. min.

9. Birthplace Aiken, S. C. (town, county and state)

10. Usual Occupation Laborer
11. Industry or business Bethlehem Steel Co

FATHER 12. Name Anderson Crawford
13. Birthplace S. C.

MOTHER 14. Maiden Name Elsa Watkins
15. Birthplace S. C.

16 (a) Informant Maggie Crawford
(b) Address 1700 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date of [illegible] 3/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.

MAR 21 1943 (Date received by registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1943 to 3-18 1943, and that I last saw h[illegible] alive on 3-18 1943.

Immediate cause of death: Acute Coronary Occlusion — Duration
Due to: Hypertension Cardiovascular Disease — 8 mos.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. P. Macmander M. D.
Address 804 N. Carey St. Date signed 3-20-43

VS 3

02336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1939

C 02336 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 W. Lexington
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 806 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Addison.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72				

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Bacon
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Caroline Bacon
15. Birthplace Howard Co. Md.

16 (a) Informant Marie Hall.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-21-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Baltimore Md

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh St.

MAR 21 1943
(Date rec'd by local registrar) Huntington Willingham M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 1943, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-vascular Disease.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNulty M.D. Medical Examiner.
Date signed 3/19/43.

Please write plainly, with unfading ink. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02337 Registered No. 83B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3417 MT. ROYAL AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 39 W. PRESTON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDNA C. HEWITT

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no
4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 23. 1907
8. AGE: Years 35 | Months 2 | Days 27 | If less than one day hr. min.
9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation Secy. MD. BIBLE SOCIETY
11. Industry or business

FATHER
12. Name EDWARD C. HEWITT
13. Birthplace MD.

MOTHER
14. Maiden Name SARAH V. RUSSLER
15. Birthplace W. VA.

16 (a) Informant ELI R. HEWITT
(b) Address OWINGS MILLS MD.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mch. 22. 1943 (month) (day) (year)
(c) Cemetery or crematory GREEN HILL CEMETERY
Location MARRINSBURG W. VA.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 EUTAW PLACE

19 (a) MAR 21 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 20. 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1943. to 3-20 1943.
and that I last saw her alive on 0-19 1943.

Immediate cause of death Coronary Embolism in left middle cerebral artery
Duration 12 hrs
Due to Rheumatic endocarditis
Duration
Due to Auricular ventricular mitral left
Duration
Due to
Duration
Other Conditions
Duration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry A. McCarty M. D.
Address 37 W. PRESTON ST. Date signed

C 02238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 02238 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4804 Park Heights
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4804 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Lamboin Holden

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ada Holden
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) June 3, 1876
8. AGE: Years 66 | Months 9 | Days 915 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation: Insurance Adjuster
11. Industry or business: Insurance

FATHER
12. Name Daniel L. Holden
13. Birthplace Baltimore

MOTHER
14. Maiden Name Martha Penty
15. Birthplace Baltimore

16 (a) Informant Mrs. Ada Holden
(b) Address 4804 Park Heights
17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. County
18 (a) Funeral director C. Vernon Gemmill
(b) Address 4611 Park Hgts.
19 (a) MAR 21 1943 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 8 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1943, to 3/18 1943, and that I last saw h[illegible] alive on 3/18 1943.

Immediate cause of death	Duration
Dilatation of heart	?
Chronic Nephritis	?
Due to	
Due to Hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Meyer Muller M. D.
Address 4432 Pk Hgts Ave Date signed 3/24/43

C 02339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

C 02339 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 Penna Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Penna Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Jones

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 7

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Sarah Jones
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug 2 1896

8. AGE: Years 46 | Months 7 | Days 14 17 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Alexander Jones
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Hattie Stewart
(b) Address 516 N Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Wm. Geo. E. Holland
(b) Address 639 Druid Hill Ave

19 (a) APR 21 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 19 1943, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1943 to 3-16 1943 and that I last saw h[illegible] alive on 2-12 1943

Immediate cause of death: Hypertension
Cardio Vascular
Due to Disease

Due to

Other Conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 54 Dolphin St Date signed 3-17-43

Correct age is especially important. Physicians: please write the causes of death clearly and

VS 3

C 02400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

C 02400 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1309 Madison Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Roosevelt Silghman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cassie Boyd.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1895

8. AGE: Years 47 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Sanker

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Cassie Boyd Silghman

(b) Address 1309 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.

Location Balto. Co. Md.

18 (a) Funeral director Wm. Ga. & Holland

(b) Address 1691 Druid Hill Ave.

19 MAR 21 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1943 at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1943 to March 17 1943 and that I last saw h[illegible] alive on March 17 1943.

Immediate cause of death: Lobar Pneumonia — Duration: 2 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature G. H. Banfield M. D.

Address Provident Hospital Date signed 3-17-43

VS 2

02401
431076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1330a

02401
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County Somerset
(c) City or town Windber (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 MAIN St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy WIRICK

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-25-19

8. AGE: Years	Months	Days	If less than one day
23	8	25	hr. min.

9. Birthplace PA (Town, county, and state)
10. Usual Occupation Mill Worker
11. Industry or business

FATHER
12. Name IRA Bert WIRICK
13. Birthplace PA.

MOTHER
14. Maiden Name Elizabeth Z.
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory
Location Windber, Pa

18 (a) Funeral director Wm. J. Fichter & Son
(b) Address North & Pearl Ave.

19 (a) MAR 22 1943 (Signature of Registrar)
(b) Registrar's number

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 20 1943 at 545 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 7 1943 to MAR 20 1943 and that I last saw him alive on MAR 20 1943

Immediate cause of death acute pyelo-nephritis, heart failure — Duration

Due to

Due to

Other Conditions Hypospadias

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: fistulae perineal urinary

of autopsy: [illegible] stones, kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Lamana M. D.
Address Johns Hopkins Hosp Date signed 3/20/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56E

Registered No. 02402

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Belmont
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belmont Abbey
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FATHER NICHOLAS BLILEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 6, 1893

8. AGE: Years	Months	Days	If less than one day
49	3	15	hr. min.

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation Priest

11. Industry or business

FATHER
12. Name Jos. Bliley
13. Birthplace Penna

MOTHER
14. Maiden Name Antoinette Schneble
15. Birthplace Ohio

16 (a) Informant Brother
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (month) (day) (year)
(c) Cemetery or crematory Location Richmond Va

18 (a) Funeral director Geo. A. Farley
(b) Address Fulton & Fayette

19 (a) (Date received by registrar) MAR 25 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 21 1943, at 9:04 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 17 1943 to 3-21 1943, and that I last saw him alive on 3-20 1943.

Immediate cause of death CARDIO-RESPIRATORY FAILURE — Duration

Due to Tumor of chest of undetermined origin

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-16

Major findings of operation: Tumor mass - chest wall

of autopsy: Sarcoma - thyroid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Sorfer
Address Christ Mem Hosp. Date signed 3/21/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 02103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Dukeland & Rayner
(c) Hospital or institution: WBGH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 538 S. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Howard R. Fowler

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-01-7257

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Fowler

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 6/29/1874

8. AGE: Years 66 | Months 8 | Days 19/30 | If less than one day —hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Jeremiah Fowler
13. Birthplace Maryland.

MOTHER
14. Maiden Name Margaret Murgon
15. Birthplace Md.

16 (a) Informant Annie Fowler
(b) Address 538 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director J. J. Gilgeant
(b) Address 850 N. Baltimore St.

19 MAR 22 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1943, at 11:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1943 to 3/19 1943
and that I last saw h[illegible] alive on 3/17 1943.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theron M. Checket
Address WBGH Date signed 3/19/43.

02404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16 a

C 02404 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2330 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Krauss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
M Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	—	—	(9) hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John F. Krauss
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lenita Kaesy
15. Birthplace Baltimore Md

16 (a) Informant John F. Krauss Jr
(b) Address 2330 Edmondson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director J. A. Wagner Son
(b) Address 300 Eutaw Blvd

MAR 22 1943 (b) Huntington Williams Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20 1943, at 10:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1943 to 3/20 1943 and that I last saw h[illegible] alive on 3/20 1943.

Immediate cause of death Congenital atelectasis — Duration 9 hours

Due to Premature

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Mayer MD M. D.

Address [illegible] Date signed 3/22

C 02495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

C 02495 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1731 Ellamont St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ****
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 Ellamont St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James E. Lambden

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	Married

6 (b) Name of husband or wife Ella Lane Lambden
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 18, 1863

8. AGE: Years	Months	Days	If less than one day
79	8	2	..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Electrian
11. Industry or business Retired

FATHER
12. Name Thomas C. Lambden
13. Birthplace Winchester Va.

MOTHER
14. Maiden Name Elizabeth Kennedy
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Ella Lane Lambden
(b) Address 1731 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 MAR 22 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943 at 7.30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Mch 13 1943 to Mch 19 1943 and that I last saw h/her alive on Mch 19 1943.

Immediate cause of death Chronic Cardiac Heart disease

Due to

Due to

Other Conditions Bronchial pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest W. Rahn M. D.
Address 735 Poplar Gr St Date signed 3/20/43

C 02106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 02106 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 Scott Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Scott Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Duvall

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Daniel Duvall
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 3, 1867
8. AGE: Years 76 | Months 1 | Days 16 | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John W. Duvall
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Florance Johnson
(b) Address 626 Scott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Ambrose Inc.
(b) Address 814 N. Franklintown Road

19 (a) March 22, 1943 (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1943, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1942 to Mar. 19, 1943 and that I last saw her alive on March 19, 1943

Immediate cause of death	Duration
Myocarditis	1 year
Due to	
Arteriosclerosis	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Kemp
Address 3030 Edmondson Ave. Date signed 3/20/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02107

Registered No. 1190

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospt
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Odenton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 Caroline Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-43

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Murphy
13. Birthplace Md

MOTHER
14. Maiden Name Pearl Lewis
15. Birthplace Md

16 (a) Informant St Agnes Hospt
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory St. George Meade Cem
Location Balto Co

18 (a) Funeral director Floyd Lucas
(b) Address Laurel Md.

19 (a) (b) Registrar

MAR 22 1943 Washington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21 1943. @ 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1943. to 3/21 1943. and that I last saw her alive on 3/21 1943.

Immediate cause of death	Duration
Broncho pneumonia	2 days.
Due to Prematurity	16 days
Due to	
Other Conditions Diarrhoea	10 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Douglas M.D.
Address St. Agnes Hospt Date signed 3/22/43
M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 116

Registered No. 9103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Clarksville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Barry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 40 | Months - | Days - | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (month) (day) (year)
(c) Cemetery or crematory Hopkins Chapel
Location Howard Co.

18 (a) Funeral director H. C. Reynolds & Son
(b) Address Ellicott City, Md.

19 (a) MAR 25 1943 (Date rec'd by registrar) (b) Lutherville, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1943 to March 20 1943, and that I last saw him alive on March 20 1943.

Immediate cause of death: Peripheral vascular collapse — Duration

Due to

Due to (part 2)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Raby M.D.
M. D.
Address University Hospital Date signed March 23 43

VS 280

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 119a

C 02109 Registered No.

PLEASE WRITE PLAINLY, WITH ONE PADDING INK. Every item of information must be entered, and the correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 838 Lynhurst St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wayne Jerry Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6 - 1943

8. AGE: Years	Months	Days	If less than one day
—	—	15	hr. min.

9. Birthplace Franklin Sq. Hosp. Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Paul Morton Williams
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Evelyn Mae Cross
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Paul Williams
(b) Address 838 Lynhurst St. Balto.

17 (a) Burial (b) Date thereof Mar 22 - 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave.

19 (a) (b) Registrar
MAR 22 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20/ 1943, at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6/ 1943 to 3/20/1943, and that I last saw h/m alive on 3/20 1943.

Immediate cause of death: Septicemia
Due to: Diarrhea
Due to:
Other Conditions: Furunculosis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 3/20/43
M. D.

C 02410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

C 02410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Walsh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 18-5

8. AGE: Years 88 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Looney
13. Birthplace ?

MOTHER
14. Maiden Name Elsie ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23. 1943 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) MAR 22 1943 Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943, at 5 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 4 1943, to Mch 20 1943, and that I last saw her alive on Mch 19 1943.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to	
Due to Chr - Myocarditis	6 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E. North Ave Date signed 3/22-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete in every detail. Accuracy in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

C 02111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 02111 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hare

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 83 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Alabama
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name E. Yarbough
13. Birthplace ?

MOTHER
14. Maiden Name Sarah Cook
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (b) Huntington Williams, M.D.

MAR 26 1943

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MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 2- 1943, to Mch 21- 1943, and that I last saw her alive on Mch 20- 1943.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C Bill Hall M. D.
Address 1631 E North ave Date signed 3/22/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

C 02112 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502 W 36th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 W 36th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robt Johnson.
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-12-8896

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married.

6 (b) Name of husband or wife Mary A. Johnson
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) April 19, 1881

8. AGE: Years	Months	Days	If less than one day
61	11	2	hr. min.

9. Birthplace Virginia. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Marion Johnson.
13. Birthplace Virginia.

MOTHER
14. Maiden Name Birtie Bynaltus.
15. Birthplace Virginia.

16 (a) Informant Mary A. Johnson
(b) Address 1502 W 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (month) /43 (day) (year)
(c) Cemetery or crematory Woodlawn.
Location

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3415 Clarinet Ave

19 (a) MAR 99 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1943 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1943 to 3/21 1943 and that I last saw him alive on 3/21 1943

Immediate cause of death	Duration
Coronary Occlusion	
Due to Angina	6 hrs
Due to Arteriosclerosis	—
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.
Address 4020 W. Cleveland Ave. Date signed 3/31/43

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Physicians and Undertakers, WRITE UNFADING INK. Every item of information should be entered correct and in especially important. Physicians: please write the causes of death clearly and legibly.

C 02143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 124 B

C 02143 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918 S. Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 S. Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie L. Fleischman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Jacob Fleischman 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1896

8. AGE: Years	Months	Days	If less than one day
46	7	1	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name George W. McCauley, Sr.
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha J. Shipfell
15. Birthplace Virginia

16 (a) Informant George W. McCauley, Jr.
(b) Address 912 S. Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Clement B. Downes
(b) Address 3615-17 Chestnut Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1943, at 5:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Hypertensive Cardio-Vascular Disease
Due to
Due to
Other Conditions Cirrhosis Liver
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McCauley M.D. Medical Examiner.
Date signed 3/19/43

VS 6

C 02114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 02114

correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BENJAMIN WURTZBURGER

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 4, 1868

8. AGE: Years	Months	Days	If less than one day
75		16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Night Watchman.
11. Industry or business for City of Balto.

FATHER
12. Name Michael Wurtzburger,
13. Birthplace Germany.

MOTHER
14. Maiden Name Jeannette Haas,
15. Birthplace Germany.

16 (a) Informant Mr. Harry Wurtzburger,
(b) Address 1036 N. Broadway.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3.23.43. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Levi Sons
(b) Address 1902 Eutaw Place.

19 (a) 3/22/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20th. 1943. at 7:3a P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17. 1943. to March 20 1943. and that I last saw him alive on March 20 1943.

Immediate cause of death Coronary Thrombosis

Due to Acute cholecystitis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mendelson M. D.
Address 1919 E. North Ave Date signed

VS 8

02115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

C 02115 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished as completely and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARON RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 W. Hill St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gloria Wimbash

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Infant

6 (b) Name of husband or wife infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 - 1942

8. AGE: Years	Months	Days	If less than one day
	5	16	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Henry Wimbish
13. Birthplace Va

MOTHER 14. Maiden Name Helen Richburg
15. Birthplace S. C.

16 (a) Informant Helen Wimbish
(b) Address 117 W. Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 23-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location a. a. co.

18 (a) Funeral director James A Stayer
(b) Address 142 W Hill St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943, at 7 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943, to March 20 1943, and that I last saw h ER alive on March 20 19 43.

Immediate cause of death	Duration
Bilateral Lobar Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. R. Shipley M. D.
Address University Hospital Date signed March 20 1943

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

02116 — 93c — Registered No. 02116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Eaton Sts
(c) Hospital or institution: St. Agnes Hospital No
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 S. Augusta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Wilmes

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 16, 1902

8. AGE: Years	Months	Days	If less than one day
40	6	5	hr. min.

9. Birthplace Md. Baltimore.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B & O RR.

FATHER
12. Name William Wilmes
13. Birthplace Ger.

MOTHER
14. Maiden Name Margaret Kelly
15. Birthplace Md.

16 (a) Informant Mrs Margaret E. Wilmes
(b) Address 10 S. Augusta Ave
17 (a) Burial (b) Date thereof 3/24/43
(Burial, cremation, or removal) (month) (day), (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd
18 (a) Funeral director John J. Bowen & Son
Address 901 Hollins Street
19 (a) MAR 22 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21 1943 at 7:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1943 to 3/21 1943.
and that I last saw him alive on 3/21 1943.

Immediate cause of death	Duration
Cardiac decompensation	1 month
Due to Rheumatic C V D	20 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. M. Downey, M.D.
Address St Agnes Hosp Date signed 3/[illegible]/43
M. D.

02417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 a

Registered No. C 02417

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walbrook Cater Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Brendel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			6 hrs min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William F. Brendel
13. Birthplace Md

MOTHER
14. Maiden Name Martha Baker
15. Birthplace Md

16 (a) Informant Wm F. Brendel
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Balt

18 (a) Funeral director Edgar S. MacNabb
(b) Address Towanda Md

19 MAR 22 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20 1943, at 4:48 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1943 to 3/20 1943, and that I last saw h alive on 3/20 1943.

Immediate cause of death cerebral hemorrhage — Duration

Due to Breech presentation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Evans M. D.
Address St. Agnes' Hosp. Date signed 3/24/43

C 02113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

C 02113

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Frederick & Caton Avenues
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3432 Wilkins Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME GEORGE EMORY JONES

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 219-07-9234

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Daisey M. Jones

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) July 10, 1896

8. AGE: Years	Months	Days	If less than one day
46	8	9	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business .....

FATHER
12. Name John Jones
13. Birthplace Unknown

MOTHER
14. Maiden Name Florence Mills
15. Birthplace Baltimore, Maryland

16 (a) Informant Daisey M. Jones
(b) Address 3432 Wilkins Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23- 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Pott & B. M. Watters
(b) Address Pratt & Stricker Sts

19 (a) MAR 22 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1943, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. L. Wollenweber M.D. (Medical Examiner)
Date signed 3-20-43

V3 6

Please write plainly. Physicians: please write the causes of death clearly and correct age is especially important. Every item of information should be carefully supplied. Blanks left unfilled will cause unnecessary delay.

C 02119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

C 02119 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Day & Fayette Sts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Richardson

3 (b) If veteran, name war: Unknown

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	10	9/7		

9. Birthplace Tennessee (Town, county, and state)
10. Usual Occupation
11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hospital Records
(b) Address Calhoun & Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto City

18 (a) Funeral director Pott & B. M. Walter
(b) Address Pott & Hunter Sts

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19/43 19 , at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14/43 19 to 3/19/43 19 , and that I last saw h[illegible] alive on 3/19/43 19 .

Immediate cause of death: Lobar Pneumonia.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Henderson Jr. M. D.
Address Franklin Sq Hosp Date signed

VS 5

correct age is especially important. Physicians: please write the causes of death clearly

C 02120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 C

Registered No. C 02120

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Lombard & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3431 RAMONA AVE. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Howard G. Travers

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 216-01-9110

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Bessie E. Travers

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1907

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35	4	2		

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Supervisor

11. Industry or business Western Electric

FATHER
12. Name Howard Travers
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine M. Booker
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Bessie E. Travers
(b) Address 3431 Ramona avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Chas. J. Evans Sons
(b) Address 118 N. Mt. Royal Ave

19 (a) (Date received by registrar) (b) Registrar

MAR 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 19 1943, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1943, to 3/19 1943, and that I last saw him alive on 3/19 1943.

	Duration
Immediate cause of death Acute cardiac failure	2 d
Due to Pneumonic C-V disease	1 yr.
Due to	
Other Conditions Pulmonary edema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin L. Seigman M. D.
Address University Hosp. Date signed 3/19/43

C 02421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

C 02421 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians supplying data should correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721½ N. Mulberry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721½ N. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Dunn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7 1873

8. AGE: Years	Months	Days	If less than one day
70 69			hr. min.

9. Birthplace Gittersville Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Sam Green
13. Birthplace Gittersville Va

MOTHER
14. Maiden Name Dicuda
15. Birthplace Gittersville Va

16 (a) Informant Bolme Depreombs (Son)
(b) Address 500 N. Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Charley B. Cooper
(b) Address 514 N. Calhoun St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1938 to 3/18 1943 and that I last saw h[illegible] alive on 3/18 1943

Immediate cause of death Uraemia — 3 days — Duration

Due to Hypertension

Due to Chronic Myocarditis Diabetes Mellitus

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ward Saunders M. D.
Address 1720 Lee Date signed 3/22/43

C 02122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. C 02122

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 W. West St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ben M. Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 577-18-4436

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1913

8. AGE: Years	Months	Days	If less than one day
29	6	8	hr. min.

9. Birthplace New Berry, S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Md. Drydock Co.

FATHER
12. Name Frank Davis
13. Birthplace New Berry, S.C.

MOTHER
14. Maiden Name Mamie Ryles
15. Birthplace New Berry, S.C.

16 (a) Informant Joseph A Brenden
(b) Address 533 West West St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 23, 1943 (month) (day) (year)
(c) Cemetery or crematory New Berry So Carolina
Location

18 (a) Funeral director Joseph A. Linsky
(b) Address 424 north mount street

19 (a) March 22 1943 Huntington for Williams, M.D. (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1943, at 9:25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia right upper & middle lobes — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 18 1943

S 02483 — C 02483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Anne's
(c) City or town Centreville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice W. Bullen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 73 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Hosp. Records

(b) Address

17 (a) Removal (b) Date thereof 3/22/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Centreville, Md.

18 (a) Funeral director Barton Bros

(b) Address Centreville, Md.

19 (Date received by registrar) MAR 22 1943 Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1943, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1943, to 3-21 1943, and that I last saw her alive on 3-21 1943.

	Duration
Immediate cause of death: Carcinoma of liver & metastasis	
Due to: Undetermined	
Due to	
Other Conditions: Chronic cholecystitis Rheumatoid Arthritis (Include pregnancy within 3 months of death)	
Date of operation 3-15	
Major findings of operation: Carcinoma of liver	
of autopsy:	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore Kardash M. D.

Address University Hospital Date signed 3-22-43

C 02124 ✓ C 02124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address WYMAN PARK DRIVE & 31ST ST.

(c) Hospital or institution: U. S. MARINE HOSPITAL

Adm. 3/11/43

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County -

(c) City or town BALTIMORE, MD. (If outside city or town limits, write RURAL and give town)

(d) Street No. 641 W. PRATT STREET (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JOHN J. QUINN

3 (b) If veteran, name war: VA - World War

3 (c) Social Security Account No. -

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age: ~~Dec. 15-1877~~ years

7. Birth date of deceased (mo., day, yr.) ~~May 6, 1898~~

8. AGE: Years ~~34~~ 45 | Months ~~10~~ 3 | Days ~~14~~ 2 | If less than one day: - hr. min.

9. Birthplace ~~Baltimore~~, Maryland (Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: US PO

FATHER

12. Name: John J. Quinn

13. Birthplace: Ireland

MOTHER

14. Maiden Name: Sarah Helen Cooney

15. Birthplace: Baltimore, Md.

16 (a) Informant: Records-U.S.Marine Hosp.

(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (month) (day) (year)

(c) Cemetery or crematory: Cathedral Cemetery Location: Baltimore Md.

18 (a) Funeral director: Rogers & Flannigan

(b) Address: 1422 Light St.

19 (a) ~~MAR 22 1943~~ (b) ~~Huntington, W. Va.~~ Registrar MD

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH March 20, 1943, at 2:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11, 1943 to Mar. 20, 1943 and that I last saw him alive on March 20, 1943

Immediate cause of death: Bronchopneumonia; secondary to a hemiplegia — Duration: 2 days

Due to: Cerebral hemorrhage — 1 wk.

Due to: — 9 days

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide -

(b) Date of occurrence - at M

(c) Where did injury occur? - (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?

(e) Means of injury

23. Signature: (D. S. Blair)

Address: Baltimore, Md. Date signed: 3/20/43

No. 12856

Coroner

C 02125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02125 Registered No. 1951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford Co
(c) City or town ~~Baltimore~~ Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. #1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Shimek

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Infant son

6 (b) Name of ~~husband or wife~~ Parents Philip J. Shimek, Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1942

8. AGE: Years	Months	Days	If less than one day
1	-	6	hr. min.

9. Birthplace Havre de Grace, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Philip J. Shimek, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Kilburn
15. Birthplace Street, Md.

16 (a) Informant Philip J. Shimek, Sr.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.
18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street
19 (a) Filed MAR 26 1943 (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21/ 1943 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1943 to 3/21 1943, and that I last saw him alive on 3/21 1943.

Immediate cause of death Laryngeal Edema, Acute — Duration

Due to Foreign body in Larynx

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3/21/43
Major findings of operation: See above
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. K. Thompson M. D.
Address University Hosp. Baltimore Md. Date signed 3/24/43

C 02426

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02426 ✓ 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 W. Randall St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 W. Randall St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward J. Rossiter
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife JENNIE A. ROSSITER
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) MAY 27 1886

8. AGE: Years	Months	Days	If less than one day
56	9	21 22	hr. min.

9. Birthplace BALTO MD
(Town, county, and state)
10. Usual Occupation GROCER
11. Industry or business FOR SELF

FATHER
12. Name JOHN ROSSITER
13. Birthplace IRELAND

MOTHER
14. Maiden Name MARGARET MURPHY
15. Birthplace IRELAND

16 (a) Informant JENNIE A. ROSSITER
(b) Address 7 W RANDALL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co.

18 (a) Funeral director Bernard C. Hart
(b) Address 121 E West St

19 (a) MAR 22 1943 (Registrar) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943, at 5 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy & ~~inquiry~~ thereon and from the evidence obtained by said ~~inquest~~ autopsy & ~~inquiry~~ find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 20 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

C 02127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

C 02127

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Bruce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life 18 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Bruce St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Melvin Harris Jr.

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13, 43

8. AGE: Years	Months	Days	If less than one day
	1	15	hr. min.

9. Birthplace Balto City Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

MOTHER / FATHER
12. Name Melvin Harris
13. Birthplace Balto City Md
14. Maiden Name Mary Burgess
15. Birthplace Balto City Md

16 (a) Informant Melvin Harris
(b) Address 703 Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md
18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Mount St.

MAR 22 1943 (b) Huntington Williamson W Va
(Date received by local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19/43 19 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19/43 to 3/19/43 and that I last saw him alive on 3/19/43.

Immediate cause of death Bronchial Pneumonia — Duration 3 Days
Due to
Due to
Other Conditions Tuberculosis Pulmonary
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Reese Gilliam M.D.
Address Glyndon Md Date signed 3/20/43

correct age is especially important. Physicians: please write the causes of death clearly and

Spec.—6-14-29—L. F. S.—100 Blks.

02128

HEALTH DEPARTMENT—CITY OF BALTIMORE C 02128

CERTIFICATE OF DEATH

830

1—PLACE OF DEATH

REGISTERED NO. 13-3

CITY OF BALTIMORE: (No. 2323 Madison ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maud Virginia Dorsey

(a) RESIDENCE NO. 2323 Madison ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed or divorced HUSBAND of (or) WIFE of: General Kent.

6 DATE OF BIRTH (month, day, and year): Aug 5-1879

7 AGE: Years 63 | Months 7 | Days 23 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeper for Daughter

(c) Name of employer: Dulaney Ave Co

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Perry Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Co Md.

12 MAIDEN NAME OF MOTHER: Emily Lord (Swan)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co. Md.

14 Informant: Velma Thompson

(Address) 2323 Madison Ave

15 MAR 22 1943, 19 — Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19, 43

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1943 to Mch 19 1943, that I last saw h. alive on Mch. 19 1943 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Cerebral Hemorrhage)

(duration) yrs. 2 mos. 9 ds.

CONTRIBUTORY (Secondary): 3rd attack First 1926

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. H. Wright M. D.

3/19, 1943 (Address) 1209 Preston Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 3/22 1943

20 UNDERTAKER: Wm. George W. Weiland

ADDRESS: 1691 Division Ave.

OF DEATH In plain terms, so that it may be properly classified. Exact statement Important. See instructions on back of certificate.

AB-86364 02129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

C 02129 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Brice St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles E. Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Alice Carroll

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 27, 1885 ~~March 28, 1888~~

8. AGE: Years 59 ~~60~~ Months ~~11~~ 10 Days ~~20~~ 23 If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation ? Watchman

11. Industry or business

FATHER
12. Name Albert Carroll
13. Birthplace Maryland

MOTHER
14. Maiden Name Lottie ? Kramer
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. M. Limperis
(b) Address 1005 W. Baltimore St.

MAR 22 1943 (b) Registrar Huntington Williams

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943, at 7.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1943, to March 20 1943, and that I last saw him alive on March 20 1943.

Immediate cause of death: Pulm. Tbc — Duration: 5

Due to

Due to

Other Conditions: Emphysema of lungs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hartz
Address Balto C. Hosp. Date signed 3/24/43

G 02430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 02430 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Bolton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (Isabella) Isabel Wilmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	9	24		

9. Birthplace Centreville, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Pere Wilmer
13. Birthplace Centreville, Md.

MOTHER
14. Maiden Name Isabella Hammond
15. Birthplace Frederick County, Md.

16 (a) Informant Miss Ann Little
(b) Address 1600 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Chesterfield Cemetery
Location Centreville, Md.

18 (a) Funeral director Miller & Donovan
(b) Address 1005 N. Baltimore St.

MAR 26 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1943, at 1.50P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1942 to March 20th 1943, and that I last saw her alive on March 20th 1943

Immediate cause of death Carcinoma of breast — Duration

Due to Metastasis from Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Aug 1942

Major findings of operation: Carcinoma of breast

of autopsy: No.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Ghatard M. D.
Address 1500 N. Calvert St. Date signed March 24, 1943

C 02131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 931

C 02131
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2231 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 E North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Ruth
3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Irene Ruth
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 9th 1868

8. AGE: Years	Months	Days	If less than one day
75	-	9	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name Francis J. Ruth
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Adams
15. Birthplace Germany

16 (a) Informant Mrs Irene Ruth
(b) Address 2231 E North Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23rd 1943 (month) (day) (year)
(c) Cemetery Balto Cem
Location E North Ave Ext
18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park Ave
19 (a) (Date rec'd by registrar) (b) Registrar

MAR 22 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18th 1943, at 9 A.M.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3/18/43 to 3/18/43
and that I last saw h alive on 19

Immediate cause of death Coronary Thrombosis
Duration 3 hrs
Due to Hypertension
Due to Cardiac
Other Conditions Diabetes
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —
23. Signature [illegible] M. D.
Address [illegible] Date signed MAR 22 1943

C 02432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

166

C 02432 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Provident Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md. (b) County Baltimore
(c) City or town Fort George Meade (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME: PVT. Floyd Eugene Wyatt 33123262

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married - Separated

6 (b) Name of husband or wife: Virginia Lewis Wyatt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JAN 30, 1912

8. AGE: Years 31 | Months 1 | Days 27 | If less than one day — hr. — min.

9. Birthplace: Lawrenceville, Virginia (Town, county, and state)

10. Usual Occupation: Soldier

11. Industry or business: U.S ARMY

FATHER
12. Name: UNKNOWN
13. Birthplace: UNKNOWN

MOTHER
14. Maiden Name: Maude A. Wyatt
15. Birthplace: Lawrenceville Va

16 (a) Informant: Service Record
(b) Address: U S Army

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory
Location: Lawrenceville. Va

18 (a) Funeral director: Howard N. Blight, Jr.
(b) Address: 4914 Belair Road

MAR 22 1943 (Date rec'd by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 21 1943, at 1 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of chest — Duration: SUDDEN

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence: March 21 1943 12:30 AM
(c) Where did injury occur? 702 Tenin St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury: Shot

23. Signature: Robert Lee Eratzer M.D. Medical Examiner.
Date signed: March 21 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

C 02133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 02133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3208 Wisteria Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3208 Wisteria Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dennis F. Lehrich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Lehrich
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Jan 9 1896

8. AGE: Years	Months	Days	If less than one day
47	2	11	hr. min.

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation Ice - Coal & Wood
11. Industry or business Self

FATHER
12. Name Leo Lehrich
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Annie Lehrich
(b) Address 3208 Wisteria Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Pulaski Hwy - Balto. Md.
18 (a) Funeral director John C. Miller Funeral
(b) Address 245 E. Oliver St. Baltimore, Md.
19 (a) MAR 22 1943 (b) Huntington Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943 at 6:27 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17, 1942 to Mar 20 1943 and that I last saw h[illegible] alive on Mar 20 1943.

Immediate cause of death: Respiratory Failure — Duration
Due to: Subarachnoid hemorrhage
Due to: Hypertensive CVD
Other Conditions: Pneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Irving R. Lowitz
Address Sinai Hospital Date signed 3/20/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02134 ✓ 939 Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 Aisquith
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day: hr.	min.
39				

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Cora (21)
15. Birthplace (3)

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory
Location Salisbury, Md

18 (a) Funeral director Thos A. Wilson
(b) Address 1000 Brant Lane

19 MAR 20 1943 (b) Huntington W. Va. (Signature of registrar)

VS 330

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 20 1943 at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 19 1943 to MAR 20 1943 and that I last saw her alive on MAR 20 1943.

Immediate cause of death: cerebrovascular accident—subarachnoid hemorrhage

Due to: hypertensive cardio-vascular disease

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: cerebellar hemorrhage

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hospital Date signed 3/20/43

02135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. 02135

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5704 Sefton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5704 Sefton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George P Zink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Minnie Schaefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 26 - 1865

8. AGE: Years	Months	Days	If less than one day
78	-	26	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James Zink
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Berg
15. Birthplace Germany

16 (a) Informant Mrs Minnie Zink
(b) Address 5704 Sefton Ave

17 (a) Burial (b) Date thereof 3-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Reyle
(b) Address 5505 Harford Rd
(Name for the Registrar) Huntington Williams, Mgr.

MAR 22 1943
(Date filed by the Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1941 to March 21 1943 and that I last saw h alive on March 20 1943

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Renal Disease	2 yrs
Due to Cerebral Hemorrhage	10 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address 6217 Harford Rd Date signed 3/22/43

VS 186

C 02136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

C 02136 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Stein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Late David
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1868
8. AGE: Years: 75 | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business: None

FATHER
12. Name: Abraham Rosenberg
13. Birthplace: Russia

MOTHER
14. Maiden Name: Baily ?
15. Birthplace: Russia

16 (a) Informant: Mrs Esther Levy
(b) Address: 3706 Towanda Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1943 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Washington Road
Location: Washington Blvd

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) MAR 22 1943 (b) Huntington Williams, M.D. Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28/1941 to 3-22-1943, and that I last saw her alive on 3-22-1943.

Immediate cause of death: Chr. card. vascular disease
Diabetis Mellitus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin MD
Address Lwndale Date signed 3/23/43 M. D.

C 02137 BALTIMORE CITY HEALTH DEPARTMENT C 02137

CERTIFICATE OF DEATH

83a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 7
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Dallas (If outside city or town limits, write RURAL and give town)
(d) Street No. Colley Miserecordia (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary Bonaventure Devers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19 1879

8. AGE: Years	Months	Days	If less than one day
63	9	3	hr. min.

9. Birthplace Jedda, Pennsylvania (Town, county, and state)

10. Usual Occupation Religieuse

11. Industry or business

FATHER
12. Name Hugh Dever
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne O'Donnell
15. Birthplace Beaver Meadow, Pa.

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ (month) (day) -1943 (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Hanover Township - Penna.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (MAR 29 1943) Huntingtor Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1943, at 7:29 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1943, to Mar. 22 1943, and that I last saw her alive on Mar. 22 1943.

Immediate cause of death	Duration
Interventricular general with left cerebral	
Due to Hemorrhage	5 days
Due to	
Other Conditions Arteriosclerosis Dementia	3 mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel P. Hayes M. D.
Address 336 Cathedral St. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

VS 3

C 02138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. C 02138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 Jackson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Jackson St
(If rural give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Cook

3 (b) If veteran, name war: no | (c) Social Security Account No.: no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William E Cook | 6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec 4 1867

8. AGE: Years 75 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace Alexandria Va
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER — 12. Name John R. Carroll
13. Birthplace Md

MOTHER — 14. Maiden Name Henrietta Burgess
15. Birthplace Md

16 (a) Informant Mrs Isabel Earley
(b) Address 1721 Jackson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Baltimore City

18 (a) Funeral director Rodgers & Evans
(b) Address 1400 E Pratt St.

19 (a) MAR 25 1943 Huntington Williams M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH March 21 1943, at 2:04 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1942, to March 21 1943, and that I last saw h[illegible] alive on March 21 1943.

Immediate cause of death: Exhaustion — Duration: 3/19/43

Due to: Cerebral Hemorrhage

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. E. Campbell M. D.

Address 646 Hanover St Date signed 3/24/43

43-02439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15 W E

Registered No. 02439

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please see that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 East 27th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore William Fredric Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1943

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Theodore Wright
13. Birthplace Texas

MOTHER
14. Maiden Name Vivianne Roy
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 22 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date rec'd by registrar) MAR 22 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1943, at 9.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13, 1943, to March 16 1943, and that I last saw him alive on March 16, 1943.

Immediate cause of death: Congenital heart disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Congenital heart disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip D. Stephen, Jr. M. D.
Address Johns Hopkins Hospital Date signed 3-17-43

VS 8

9927

42 9105
G 02440

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 02440
CERTIFICATE OF DEATH 125 B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Birner
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-7-85
8. AGE: Years 57 Months 5 Days 14 If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business
FATHER 12. Name John Birner
13. Birthplace Germany
MOTHER 14. Maiden Name Teresa Stangl
15. Birthplace Germany
16 (a) Informant Records
(b) Address Johns Hopkins Hospital
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Frank V. Pipitone
(b) Address 2[illegible] E. Baltimore St
19 (a) Filed [illegible] 1943 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 21 1943 at 855 P M
21. I certify that death occurred on the date above stated; that I attended deceased from JAN 28 1943 to MAR 21 1943, and that I last saw him alive on MAR 21 1943.
Immediate cause of death Liver abscesses, multiple abdominal abscesses, Generalized peritonitis — Duration 2 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. C. Clay
Address Johns Hopkins Hospital Date signed March 25 1943

VS 250

G 02441

GROSS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 C

G 02441 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 Ralph
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Ralph (If rural give location) Robert St
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Grant

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1867

8. AGE: Years	Months	Days	If less than one day
75	-	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business —

FATHER
12. Name James Jones
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Berry
15. Birthplace Md

16 (a) Informant Mrs. Mattie Taylor
(b) Address 520 Ralph

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-43 (month) (day) (year)
(c) Cemetery or crematory Brooks Chapel
Location Mutual Baltimore Co. Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 5785 Biddle St.

19 MAR 23 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22/43 6:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16/43 to 3/22/43, and that I last saw h[illegible] alive on 3/22/43.

Immediate cause of death Pneumonia
Duration
Due to Arterio Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lee Allen M. D.
Address [illegible] Date signed 3/23/43

correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

G 02442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830a

Registered No. G 02442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lorna J Stier

3 (b) If veteran, name war None

3 (c) Social Security Account No. 1982

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Arthur Davis Stier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1867

8. AGE: Years 75 | Months 5 | Days | If less than one day hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Walter Jenkins
13. Birthplace Dorchester Co Md

MOTHER
14. Maiden Name Eliza Wheatley
15. Birthplace Dorchester Co Md

16 (a) Informant Minnie O Coates
(b) Address 2211 Rogers Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/24/43 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wellham Sons Inc
(b) Address 1219 E Pratt St

19 (a) MAR 23 1943 (Must be filed within 5 days of death) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to March 21 1943 and that I last saw h[illegible] alive on MARCH 21 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to Arteriosclerosis — 4 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J Davis, M. D.
Address 800 W 33rd St Date signed 3-22-43

VS 3

02443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

G 02443
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 Presstman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Hornighausen

3 (b) If veteran, name war –
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Alice M. Hornighausen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25th 1879

8. AGE: Years	Months	Days	If less than one day
63	2	26	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Wagonmaker

FATHER
12. Name Unknown Hornighausen
13. Birthplace "

MOTHER
14. Maiden Name Laura Unknown
15. Birthplace "

16 (a) Informant Mrs Evelyn Williams
(b) Address 1830 Presstman St

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 3/24/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St Paul St

19 (a) MAR 23 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21- 1943 at 9 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition, Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquisition, Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fractured Skull
Due to
Due to
Other Conditions Crushed Chest Lacerations, abrasions, Contusions, head
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-21-43 at 5.15 P M
(c) Where did injury occur? Fulton Ave & Presstman St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian, struck by Street Car.
23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-22-43.

VS 6

G 02444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 02444 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Maryland Ave (If rural give location)
(e) Citizen of foreign country? ? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Isabelle A. Adams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband ~~or wife~~ Embrey E. Adams
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 5, 1879

8. AGE: Years	Months	Days	If less than one day
63	10	18th	hr. min.

9. Birthplace — England (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Scotland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Embrey E. Adams
(b) Address 2800 Maryland Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3/23/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (Signature of registrar) Huntington Williams, M.D. Registrar
MAR 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943, at 5 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1943 to 3-21 1943, and that I last saw h~~er~~ alive on 3-20 1943.

Immediate cause of death Asphyxiation — Duration

Due to Aspiration of vomitus

Due to Senility, Cachexia

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 2-25-43
Major findings of operation: Blind nailing fracture neck left femur.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~~Accident~~
(b) Date of occurrence 2/23/43 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~~Home~~ While at work? (Specify type of place)
(e) Means of injury Fell out of bed?

23. Signature James McC. Tilman M. D.
Address Union Memorial Hospital Date signed 3-21-43

Howard J. Madden, M.D.

VS 180

G 02445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓

G 02445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Brooks Hall Apt
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Brooks Hall Apts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie M. Gorman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife James C. Gorman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3rd 1854

8. AGE: Years 88 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business At Home

FATHER
12. Name Geo. W. Bowen
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Melinda A. Nash
15. Birthplace Md.

16 (a) Informant John Bowen
(b) Address 2420 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) (Date received by local registrar) (b) Registrar

MAR 25 1943

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20th 1943, at M

23. I certify that death occurred on the date above stated; that I attended deceased from many years, to 3/20 1943 and that I last saw h alive on 3/19 1943.

Immediate cause of death cerebral arteriosclerosis — Duration Years

Due to arterio sclerosis

Due to

Other Conditions senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Hoffman M. D.
Address 2120 N Charles Date signed 3/22/43

02446 HEALTH DEPARTMENT—CITY OF BALTIMORE 02446

CERTIFICATE OF DEATH

56E

1. PLACE OF DEATH 510 Cording Ave

CITY OF BALTIMORE: (No. 4 St. 4 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 7 mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Anna Mayer

If U. S. Veteran specify WAR

(a) Residence: No. 510 Cording Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Mayer

6. DATE OF BIRTH (month, day, year) 1/24/85

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Daisy Boylan
(Address) 510 Cording Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date Mar 24 19 42

19. UNDERTAKER William Cook Inc
(Address) 147 E. Paul St

20. FILED MAR 23 1942 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from March 16 1942 to March 21 1942.

I last saw him alive on March 21, 19 42. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Four years ago
Other contributory causes of importance: Benign Tumor of Stomach	Four or five years ago '935

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Roberts M. D.

(Address) 6100 York Road Baltimore Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Washington Williams, M.D.

G 02447 FB 80292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G 02447 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 S. East Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM OTTO THEISZ

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28-1864

8. AGE: Years 79 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Unemployed-Old Age Pension

11. Industry or business

FATHER
12. Name Michael Theise
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Meyers
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Mar. 23. 1943 (month) (day) (year)
(c) Cemetery or crematory 1st Evangelical Cem. Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 MAR 23 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20-1943 at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-1943 to 3-20 1943 and that I last saw h[illegible] alive on 3-20-1943

Immediate cause of death Pulmonary embolus — Duration [illegible]

Due to Arteriosclerotic heart disease & moderate failure — yrs

Due to

Other Conditions Sarcoma of st. upper [illegible] with fracture — 4 wks

(Include pregnancy within 3 months of death)

Date of operation 3-19-43

Major findings of operation: Sarcoma of st. upper humerus with fracture

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb., 1943 at M
(c) Where did injury occur? home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Schaeffer M. D.
Address Baltimore City Hosp. Date signed 3-20-43

Approved: Robert Lee Graham M.D.

02448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55B

Registered No. G 02448

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be completed. Exact correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2921 Oakley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 Oakley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maurice Kaplan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug 20-1893

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
49 50	7 8 2			

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER 12. Name Lopek Kaplan

13. Birthplace Russia

MOTHER 14. Maiden Name Leah Goldberg

15. Birthplace Russia

16 (a) Informant wife

(b) Address

17 (a) Burial (Burial, cremation, or removal)* (b) Date thereof 3-23-43 (month) (day) (year)

(c) Cemetery or crematory Mount Lebanon Hebrew Hill

Location Mt Carmel

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Baltimore St

19 (a) Date received by registrar MAR 23 1943 (b) Registrar's signature Hortense Williams M.D.

VS 16a

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22-1943 at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct-10-1942 to Mch-22-1943 and that I last saw h alive on Mch-22-1943

Immediate cause of death	Duration
Sudden cardiac collapse	
Due to Leukemia	
Due to Bone Malignancy (Reticulo-Endothelioma)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Biopsy - 2/25/43

Major findings of operation: Bone tumor

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Herman Kiefer M. D.

Address 2404 Eutaw Pl Date signed 3/22/43

G 02449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

Registered No. G 02448

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 E. Balto St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHILLIP JACOBS

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-7787

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife ROSE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation TAILOR

11. Industry or business

FATHER
12. Name JAKE JACOBS
13. Birthplace RUSSIA

MOTHER
14. Maiden Name CELIA
15. Birthplace RUSSIA

16 (a) Informant HOSPT RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-23-43 (month) (day) (year)
(c) Cemetery or crematory WASH. BLVD
Location SILVER SPRING ROAD

18 (a) Funeral director Jack Laura Inc
(b) Address 1439 E. Balto St.

19 MAR 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21 1943, to Mar 22 1943, and that I last saw him alive on Mar 22 1943.

Immediate cause of death	Duration
Bleeding peptic ulcer	10 yrs.
Due to	
Due to	
Other Conditions ? Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Schwartz M. D.
Address Sinai Hospital Date signed 3-22-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

VS 1

G 02450

431024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87E

G 02450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2004 Walbrook Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irvin Martin Lurie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-6-43

8. AGE: Years	Months	Days	If less than one day
	1	16	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Sidney Lurie

13. Birthplace Md.

MOTHER

14. Maiden Name Sylvia Tabackman

15. Birthplace Md

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-43 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md. Franklyn Ave

18 (a) Funeral director Jos Levin Inc

(b) Address 1439 E. Balto St

MAR 23 1943 (Date rec'd by Registrar)

(b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943 at 5 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1943 to March 22 1943 and that I last saw him alive on March 22 1943.

Immediate cause of death Pulmonary atelectasis d/t pneumonia

Due to Right phrenic nerve palsy

Due to Birth injury

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Demetrius D. Zaphis M. D.

Address Johns Hopkins Hospital Date signed 3/22/43

VS 100

G 02451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02451 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 349 S. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 349 S. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George L. Kaiser (Keyser)

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-9431

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	married

6 (b) Name of husband or wife Annie M. Keiser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1887

8. AGE: Years	Months	Days	If less than one day
56	1	2019	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Blacksmith Helper
11. Industry or business B&O. R.R.

FATHER
12. Name Fred Kaiser
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Peters
15. Birthplace Germany

16 (a) Informant Mrs. George L. Kaiser
(b) Address 349 S. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd Balto.

18 (a) Funeral director Harry H. Fitzke
(b) Address 4101 Edmondson Ave.

19 MAR 23 1943 (b) Washington, D.C.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1943 to March 20 1943 and that I last saw him alive on 3-16-1943

Immediate cause of death	Duration
Coronary Occlusion	
Due to Coronary Sclerosis	1 year
Due to Hypertension	1 year
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. D. Mayr M. D.
Address 516 Cathedral St. Date signed 3-22-43

G 02452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 02452 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 S. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Lampe

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of ~~husband~~ or wife Vivian nee Healey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July - 17 - 1891

8. AGE: Years	Months	Days	If less than one day
51 55	4 8	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Paul R Lampe

13. Birthplace Germany

MOTHER 14. Maiden Name Amelia Ernest

15. Birthplace Germany

16 (a) Informant Mrs Dorothy Lubenatis

(b) Address 1104 S. Paca St

17 (a) Burial (b) Date thereof 3-23-43 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory London Park

Location Frederick Ave

18 (a) Funeral director Henry H Wittke

(b) Address 4101 Edmondson Ave

MAR 23 1943 Registrar of Vital Statistics

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21 1943 at 11:05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ~~natural~~ death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McSally M.D. Medical Examiner.

Date signed 3/22/43.

VS 6

G 02453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13/a

G 02453
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva May King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband or wife late Milton S. King

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1879

8. AGE: Years	Months	Days	If less than one day
63	10	3	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation House wife
11. Industry or business own home.

FATHER
12. Name John L. Lewis
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary T. Coltsman
15. Birthplace Maryland

16 (a) Informant Mrs. Hannan
(b) Address 2814 Hamilton Ave.

17 (a) Burial (b) Date thereof March 24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave.

18 (a) Funeral director Harry A. Hilker
(b) Address 4101 Edmondson Ave.

19 (a) MAR 23 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said ~~inquest~~ autopsy and that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-Vascular Renal disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 20 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

G 02454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02454 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 W Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 W Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Owens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1881

8. AGE: Years 61 | Months 5 | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frederick Stevens

13. Birthplace N. Car.

MOTHER 14. Maiden Name Lavinia Moore

15. Birthplace N. Car.

16 (a) Informant Mrs Clara Holley

(b) Address 207 W. Biddle St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/24/43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Park

Location

18 (a) Funeral director A Halstead

(b) Address 918 Druid Hill Ave

19 (a) Filed MAR 23 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943, at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1943, to Mar. 21 1943 and that I last saw h. alive on March 21 1943.

Immediate cause of death Uremia coma — Duration —

Due to Malignant Hypertension

Due to Myocardial degeneration

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B Franklin Knilans M. D.

Address 543 Penna Ave Date signed 3/24/43

G 02455

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 02455

Abs 78551

CERTIFICATE OF DEATH 13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3---9 3mo. 9ds
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 569 Dolphin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Sheppard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married-Separated

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28-1883

8. AGE: Years	Months	Days	If less than one day
60	-	20 22	hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Simon Sheppard
13. Birthplace Ga.

MOTHER
14. Maiden Name Rosie West
15. Birthplace Ga.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/23 RKS (Month) (day) (year)
(c) Cemetery or crematory Mt Carmel -
Location

18 (a) Funeral director R Hadley
(b) Address 9 & Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar #

VS MAR 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20 1943, at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1942, to 3-20 1943, and that I last saw h alive on 3-20 1943.

Immediate cause of death Pulmonary tuberculosis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: On chart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rankin M. D.
Address Balto. City Hosp Date signed 3-22-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02456

AB- 79685

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G 02456 Registered No. 20E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 737 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Goines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mabel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15-1902

8. AGE: Years	Months	Days	If less than one day
41	-	7	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Minister-Gospel Peace

11. Industry or business Ass. of World

FATHER
12. Name Sam Goines
13. Birthplace S. C.

MOTHER
14. Maiden Name Carie Massey
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave

19 (a) MAR 23 1943 (Date received by Registrar) Registrar
Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1943 at 2 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1943 to 3-22 1943 and that I last saw h alive on 3-22 1943

Immediate cause of death: Cardiac failure — Duration 7

Due to Syphilitic aortic insufficiency — Duration ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 3-22-43

G 02457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 Q

Registered G 02457

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALEXANDER STEWART

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1892

8. AGE: Years	Months	Days	If less than one day
50	7	2	hr. min.

9. Birthplace Marion Co., Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alexander Stewart
13. Birthplace md

MOTHER
14. Maiden Name Indiana Whittington
15. Birthplace md

16 (a) Informant Evelyn Foster
(b) Address 51 Douglas St, Cambridge, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brentley Ave

19 (a) MAR 22 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17, 1943, at 12:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fibrocaseous Tuberculosis Lung abscesses — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wallenmaier M.D. Medical Examiner.

Date signed 3-17-43 (corrected)

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

02458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 02458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 W. Saratoga St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Green

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced W.

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2. 1861

8. AGE: Years 81 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace West Moreland Co. Va.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Charles Pierce
13. Birthplace Va?

MOTHER
14. Maiden Name Katherine?
15. Birthplace Va.

16 (a) Informant Charles Green
(b) Address Hope Welfare. Stemmers Run Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/43 (month) (day) (year)

(c) Cemetery or crematory Asbury Evergreen
Location Md.

18 (a) Funeral director Ehrey O. Wilson
(b) Address 1400 Brantley Ave

19 (a) MAR 23 1943 (Date rec'd by registrar) (b) Hunting for Millington Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19/43 19 , at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1st 1943, to March 19 1943, and that I last saw h alive on March 19 1943.

Immediate cause of death Coronary Occlusion — Duration 2/19/43

Due to Embolism

Due to

Other Conditions Facial Paralysis Hypertension and Cerebral Arteriosclerosis — Feb 1943
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young

Address 1744 E. Monument St Date signed 3/22/43

VS 3

Please write clearly, with ink. Spell out full name, and do not use initials. Be sure to answer each question. If none, or not applicable, write none. Do not leave blanks. Physicians: please write the causes of death clearly and correct age is especially important.

G 02459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 920

G 02459 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Information necessary for coroner's action is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Rosedale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Rosedale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE W. WEBSTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	705 - 09 - 0217

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Beulah A. Webster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1879

8. AGE: Years	Months	Days	If less than one day
63	6	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Upholsterer
11. Industry or business B. & O. R. R.

FATHER
12. Name George W. Webster
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary E. Feefle
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Beulah A. Webster
(b) Address 1915 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date received by Registrar) MAR 23 1943 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1943, at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 1935 to Mar 21 1943, and that I last saw him alive on Mar 21 1943

Immediate cause of death	Duration
Chronic Valvular Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lavey
Address 844 W. Mulberry Date signed 3/23/43

G 02460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82

G 02460

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd and Calvert.

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days

(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. St. Paul & 32nd Sts. (If rural give location)

(e) Citizen of foreign country? no. (Yes or No) If yes, name country

3 (a) FULL NAME Lillian May Hall

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race W.

6 (a) (Single) married, widowed, or divorced.

6 (b) Name of husband or wife none.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1872

8. AGE: Years 71 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER

12. Name Augusta A. Hall

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Hooper

15. Birthplace Md.

16 (a) Informant Hosp. records.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem. Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) MAR 23 1943 (b)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1943, to Mar. 22 1943, and that I last saw her alive on Mar. 22 1943.

Immediate cause of death Cardio-resp. Failure — Duration 4 hrs.

Due to Streptococcus viridans Septicemia. — Duration 4 wks.

Due to — Duration

Other Conditions Friedreichs Ataxia. Hypertensive C-V Disease. (Include pregnancy within 3 months of death) — Duration 8 yrs.

Date of operation

Major findings of operations

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Hall M. D.

Address Union Memorial Hosp. Date signed 3-23-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

G 02461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45c

Registered No. G 02461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest B. Walker (Ernest Baker Walker)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	216 - 09 - 9980	male	white	married

6 (b) Name of husband or wife Margaret Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1886

8. AGE: Years	Months	Days	If less than one day
56	5	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name John George Walker
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine --
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret E. Walker
(b) Address 1821 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10 1943, to Mar 22 1943, and that I last saw h[illegible] alive on Mar 22 1943.

Immediate cause of death Squamous cell carcinoma of mouth Metastasis to brain and Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Biopsy, Tumor - Squamous Cell Ca.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. J. Coffman M. D.
Address Md. General Hosp. Date signed 3/22/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly

Dr. Heinbaugh
2529 Eastern

C 02462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

B 02462
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Bliftwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Bliftwood Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hammann (HAMMANN)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henry Hammann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1870

8. AGE: Years 72 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jacob Stubner
13. Birthplace Germany

MOTHER
14. Maiden Name Kate Kaiser
15. Birthplace Germany

16 (a) Informant Henry Hammann
(b) Address 2104 Bliftwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Gracy & Son
(b) Address 900 N. Chester St

19 (a) MAR 23 1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 — 1943 at 7:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1942 to March 21 1943 and that I last saw h ex alive on 3-20-1943.

Immediate cause of death — Duration
a Carcinoma
Hepatic Metastasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore J. Heinbaugh M. D.
Address 2529 Eastern Ave. Date signed 3/22/43

VS 180

C 02463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02463

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician; please write the causes of death clearly and legibly.

RANGE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 N. Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Madeira
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Kasper

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-03-8055

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Catherine Kasper
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) March 9, 1890

8. AGE: Years	Months	Days	If less than one day
53	—	11	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Night Watchman
11. Industry or business Grist Building

FATHER
12. Name Vincent Kasper
13. Birthplace Galicia

MOTHER
14. Maiden Name Frances Dvorak
15. Birthplace Baltimore

16 (a) Informant Catherine Kasper
(b) Address 418 N. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Frank Grach & Son
(b) Address 900 N. Chester St

19 (a) MAR 23 1943 (Date received by Registrar)
Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19-43 to 3-20-43 and that I last saw him alive on 3-20-43

Immediate cause of death	Duration
Renal Heart Failure	week
Due to Uremia	
Due to Ureteral Stone	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 900 N. Chester St
Date signed

G 02464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No. G 02464

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 W Fayette (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Garrett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 66 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL MAR 22 1943

18 (a) Funeral director Commissioner of Health

(b) MAR 23 1943 Lutherville, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 9 1943 at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ on March 9, 1943 19 .
and that I last saw him alive on 3-2 1943.

Immediate cause of death: Myocardial infarction

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Thomas Jr. M. D.

Address JHH Date signed 3-15

VS 350

T 9935

G 02465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02465 Registered No.

AB- 80431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 606 Collette St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irma Taylor (Erma Noel Taylor Brown)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12- 1899

8. AGE: Years	Months	Days	If less than one day
43	9	8	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation On Relief

11. Industry or business

FATHER

12. Name Frank Noel

13. Birthplace Md.

MOTHER

14. Maiden Name Lavinia Lewis

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals

(b) Address Records.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary.

Location

18 (a) Funeral director Robert L. Young

(b) Address 842 N. Caroline St.

19 (a) (Signature of registrar) (b) Registrar

MAR 23 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20 1943, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1943 to 3/20 1943, and that I last saw h[illegible] alive on 3/20 1943.

Immediate cause of death Pneumonia

Due to Colds

Due to

Other Conditions Pneumonia

Influenza

(Including pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: No

Duration
7
7

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul Mathews M. D.

Address Baltimore City Date signed Mar 20 1943

G 02466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 02466
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2945 Greenmount Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2945 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Murray

3 (b) If veteran, name war: Spanish American War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 12-1879

8. AGE: Years	Months	Days	If less than one day
63 66	7	9 5	hr. — min.

9. Birthplace Md.
(Town, county and state)
10. Usual Occupation US Army (Retired)
11. Industry or business

FATHER
12. Name Thomas Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Bannahan
15. Birthplace Ireland

16 (a) Informant Mrs Minnie Murray
(b) Address 4648 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (month) (day) (year)
(c) Cemetery or crematory St Joseph's Texas Md.
Location

18 (a) Funeral director A. Lee Adler
(b) Address 4644 York Rd.

19 (a) MAR 23 1943 (b) Registrar
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20- 1943, at 3 15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquest thereon, and from the evidence obtained by and Autopsy - Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death	
Chronic Myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-23-43

correct age is especially important. Physicians: please write the causes of death clearly and

G 02467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 02467

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 538 E. 38th, St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 538 E. 38th. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura A. Hatton

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ John Hatton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1858

8. AGE: Years	Months	Days	If less than one day
85	I	I6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Joseph Arnett
13. Birthplace Maryland.

MOTHER
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant Mr. Harry L. Hatton
(b) Address 538 E. 38th, St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave Baltimore

18 (a) Funeral director John. A. Mahon
(b) Address 4201 Greenmount Ave

19 (a) MAR 22 1943 (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1943, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13/1943 to 3/20/1943, and that I last saw her alive on 3/20/1943

Immediate cause of death Acute Cardiac Dilatation — Duration 1 day

Due to

Due to

Other Conditions Myocardial Insufficiency

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E. Hamner

Address 1800 N. Charles St. Date signed 3/22/43

G 02468 BURCH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02468 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Johns Sts.
(c) Hospital or institution: Hospital for the Women of Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Marys
(c) City or town Oakley
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Whittingham Burch.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1871

8. AGE: Years 72 | Months 9 | Days 26 27 | If less than one day: hr. min.

9. Birthplace St. Marys Co. Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Stephen A Burch
13. Birthplace St Marys Co Md

MOTHER
14. Maiden Name Whittingham Burch
15. Birthplace St Marys Co Md

16 (a) Informant Mr Calvin Burch Brother
(b) Address 1805 Chilton St. Baltimore

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/25/43 (month) (day) (year)
(c) Cemetery or crematory Laurel Hill
Location Baltimore Md

18 (a) Funeral director Mrs Paul F Hebb
(b) Address Chaptico, Md.

MAR 23 1943 (Registrar's signature) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23 1943, at 1:34 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1943 to Mar 23 1943, and that I last saw her alive on Mar 22 1943.

Immediate cause of death: Cardiac failure — Duration 4 days.
Due to: Lobar pneumonia — 4 days.
Due to:
Other Conditions: Arteriosclerosis and chronic hypertension diabetes
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Mildred Gregory M. D.
Address Tuomey Hospital Date signed 3/24/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 02469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4014 W Garrison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 W Garrison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Kollek

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife Anton Kollek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-24-1866

8. AGE: Years	Months	Days	If less than one day
76	9	26	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Bertha Malkin
(b) Address 4014 W Garrison Ave

17 (a) Burial Ro. 1-101 (Burial, cremation, or removal) (b) Date thereof 3-23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard Krug
(b) Address 5305 Harford Rd

MAR 23 1943 (Date received by Registrar) (b) Thursday for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1943, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11/ 1942, to Mar. 20 1943, and that I last saw her alive on 3/19/ 1943.

Immediate cause of death: Hypertensive cardio vascular disease.
Due to
Due to
Other Conditions General and cerebral arterio sclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 yr.
9 days
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lorell M. D.
Address 1226 Hanover St. Date signed 3/22/43

G 02470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 02470

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not abbreviate. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 N Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 N. Linwood
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L. Neutze

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Eva Grierson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1890

8. AGE: Years	Months	Days	If less than one day
52	9	11	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Sheet Metal Worker

FATHER
12. Name Henry Neutze
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Wagenfuehrer
15. Birthplace Germany

16 (a) Informant Mrs Eva Neutze
(b) Address 1318 N. Linwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Raymond J. Berry
(b) Address 5306 Harford Rd.

19 (a) Filed by (registrar) (b) Transcribed by (clerk)

MAR 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1943, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1942 to 3/20 1943 and that I last saw him alive on 3/20 1943.

Immediate cause of death	Duration
Acute C.V. disease	
Cardiac Hyper	
Due to Mitral Insuf	
Due to Congestive Failure	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. O. March

Address 80 N Eutaw Date signed 3/24/43

FB 116

G 02471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02471 / 169 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Greendale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE R. CLAUTICE

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1932

8. AGE: Years	Months	Days	If less than one day
10	7	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name George W. Clautice
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Hurt
15. Birthplace Phila Pa

16 (a) Informant Mrs George W. Clautice
(b) Address 1523 Greendale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-43 (month) (day) (year)
(c) Cemetery or crematory Woodland
Location

18 (a) Funeral director Leonard J. Berg
(b) Address 5305 Harford Rd.

19 (a) MAR 23 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 1943, at 7:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said I. (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Mar 22, 1943 at 7:50 P M
(c) Where did injury occur? 25th St (City or town) Baltimore (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury pedestrian struck by RR.
23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 3-22-43

VS 6

C 02482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1881

C 02482
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5005 Catalpha Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS FLETCHER FORD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mamie E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1875

8. AGE: Years	Months	Days	If less than one day
67	8	2	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Milk Salesman
11. Industry or business

FATHER
12. Name Thomas H. Ford
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Sarah Nichols
15. Birthplace Balto

16 (a) Informant Mrs. Mamie Ford
(b) Address 5005 Catalpha Rd

17 (a) Burial (b) Date thereof 3-25-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Burke
(b) Address 5306 Harford Rd.

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Crushing of chest

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 22, 1943 at Noon P.M.
(c) Where did injury occur? In front of 6307 Westwood Ave (City or town) Balto (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? Yes
(e) Means of injury dragged by streetcar

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed March 23 1943

MAR 23 1943

correct age is especially important. Physicians: please write the causes of death clearly and

G 02473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02473
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Somerset St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) 2-22-[illegible]

8. AGE: Years 48 | Months - | Days 29 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Josiah Johnson
13. Birthplace Va.

MOTHER 14. Maiden Name Jane Greenberry
15. Birthplace Md.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Md.

18 (a) Funeral director Mrs. Robert A. Elliott & Dgt.
(b) Address 129 N. Carlton St.

MAR 23 1943 (b) Huntington Williams (Local Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 21 1943 at 5 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1943 to Mar 21 1943 and that I last saw h-er alive on Mar 21 1943.

Immediate cause of death Cardiac failure

Due to myocardial infarct

Due to Hypertensive cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No infarct

of autopsy Cardiac hypertrophy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J C H Dunoan Jr M. D.
Address JHH Date signed 3-21

G 02474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02474 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 E. Chase St.
(c) Hospital or institution:

7-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County,
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 E. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Wheeler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1881

8. AGE: Years 61 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Pamplin Va. (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wyatt Williams
13. Birthplace Va.

MOTHER
14. Maiden Name Martha ?
15. Birthplace Va.

16 (a) Informant Rose Wheeler
(b) Address 1823 E. Chase ST

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 23/43 (month) (day) (year)

(c) Cemetery or crematory
Location Pamplin Virginia

18 (a) Funeral director Mrs. Peter A. Elliott Dept.
(b) Address 129 N. Carolina St.

MAR 23 1943 (Signature of local registrar) Wm. H. Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1943 to March 21 1943, and that I last saw h alive on March 20 1943

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions Gall Bladder Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
?
7 da

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. K. Adams

Address 222 N. Carolina Date signed 3-23-43

G 02475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02475
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton ave/Wilkens Ave.
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Christian St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Krauss Krauss.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Henry J. Krauss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19-1887

8. AGE: Years 56 | Months 2 | Days 6 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Roselius
13. Birthplace France

MOTHER
14. Maiden Name Alvina Schwartz
15. Birthplace Germany

16 (a) Informant Henry Joseph Krauss
(b) Address 1927 Christian St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25-1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Lefevre
(b) Address 2101 Frederick ave.

MAR 23 1943 (Date rec'd by registrar)
(b) Huntingtown Williams, MD.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1943 at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19-43. to March 24-1943. and that I last saw h alive on March, 1943.

Immediate cause of death Coronary thrombosis — Duration

Due to Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carlton Roseburg M. D.
Address Date signed 3-24-43

02476
430862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 102476

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State FLORIDA (b) County
(c) City or town PALATKA (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE M. BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Josephine (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-1900

8. AGE: Years	Months	Days	If less than one day
42	4	2	hr. min.

9. Birthplace MASS. (Town, county, and state)
10. Usual Occupation ELECTRICIAN
11. Industry or business Fla. Power & Light Co.

FATHER
12. Name Wm E BROWN
13. Birthplace VA

MOTHER
14. Maiden Name Mabel Batchelder
15. Birthplace MASS.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn, Palatka, Florida
Location

18 (a) Funeral director John O. Mitchell Mortuary
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 23 1943 at 2.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-16 1943 to MAR 23 1943 and that I last saw him alive on MAR 23 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to	
Due to	
Other Conditions Carcinoma of esophagus & metastasis (Include pregnancy within 3 months of death)	

Date of operation March 12, 1943
Major findings of operations: Carcinoma & metastasis
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Flexner M.D.
Address Johns Hopkins Date signed 3/24/43

C 02477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 12477

Office - 33 W. 42nd St.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hotel Emerson
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town N. Y. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 457 W. 57th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LeRoy R. Stoddard (Dr. LeRoy Ray Stoddard)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Irene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/26/1875

8. AGE: Years 67 | Months 4 | Days 22 | If less than one day: hr. min.

9. Birthplace Glens Falls, N. Y. (Town, county, and state)

10. Usual Occupation physician

11. Industry or business own

FATHER
12. Name Senator Ray Stoddard
13. Birthplace Wilton, N. Y.

MOTHER
14. Maiden Name Helen A. Potter
15. Birthplace Morean, N. Y.

16 (a) Informant Mr. Charles H. Stoddard
(b) Address 242 S. 46th St., Phila., Pa.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/23/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 23 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1943, at 3:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Chronic Myocardial Degeneration

Due to

Due to

Other Conditions Chronic Uremia due to Arteriosclerosis & Extremities. Acute terminal

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Ullman M.D. Medical Examiner.

Date signed

correct age is especially important. Physicians: please write the causes of death clearly and

VS c

G 02478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 02478 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 Bad St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 West North ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MRS David Adler (Ida)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Jewish | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: David Adler

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1/15/[illegible]

8. AGE: Years 70 | Months 7 | Days 8 | If less than one day: hr. min

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry Cohen (D)
13. Birthplace Russia

MOTHER
14. Maiden Name Lena ?
15. Birthplace Russia

16 (a) Informant Husband David Adler
(b) Address same 718 W. North ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof Mar 24/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men's Cemetery
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAR 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at 5-25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1943 to March 23 1943, and that I last saw h[illegible] alive on March 22 1943.

	Duration
Immediate cause of death Cardio-Respiratory Failure	
Due to General Debilitation	
Due to Carcinoma of Liver - secondary to UNKNOWN ORIGIN.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation March 3rd, 1943

Major findings of operation: Squamous cell carcinoma - liver secondary Co.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howland Elwood Day M.D.
Address Union Memorial Hosp. Date signed Mar 23 M. D.

G 02479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 5583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 W Fayette St
(c) Hospital or institution: Gold Gont.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and the town)
(d) Street No. 417 W Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Johnson

3 (b) If veteran, name war: W

3 (c) Social Security Account No. Unknown

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30, 1875

8. AGE: Years 67 | Months 4 | Days 2 21 | If less than one day hr. min

9. Birthplace Kansas (Town, county, and State)

10. Usual Occupation Mgr. Theatre

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Grigg
(b) Address Grunbelt MO

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 3/22/43 (month) (day) (year)
(c) Cemetery or crematory Salina
Location Salina Kansas

18 (a) Funeral director Williams & Son
(b) Address 1217 E Baltimore St

MAR 23 1943 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1943. to March 21 1943. and that I last saw h[illegible] alive on May 21 1943.

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel J Hanson M.D.
Address 1331 Eutaw Pl Date signed 3/24/43

correct age is especially important. Physicians: please write the causes of death clearly and

VS 2

C 02480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 02480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 St Paul St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 St Paul St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia Howard Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife J Paul Baker

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Jany 21st 1855

8. AGE: Years 88 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Geo Somerville Norris
13. Birthplace Balto Md

MOTHER
14. Maiden Name Frances Myatt
15. Birthplace Balto Md

16 (a) Informant J Paul Baker
(b) Address 701 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24 43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry M Hopkins (Asst)
(b) Address 324 Cathedral & Richard Sts

MAR 23 1943 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1943, at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1943, to March 22, 1943, and that I last saw h alive on March 22, 1943.

Immediate cause of death Coronary sclerosis with fibrosis of myocardium — Duration many years

Due to

Due to

Other Conditions Respiratory tract infection (? virus pneumonia) — 4 days
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature John Tilden Howard, M. D.
Address 12 E. Eager St., Balto Date signed 3-23-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and

G 02481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 02481
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 Frederick avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Frederick avenue
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Brother Sylvester C.F.C. (Edward McCormick)

3 (b) If veteran, name war ---
3 (c) Social Security Account No. -----

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1863

8. AGE: Years 79 | Months 2 3 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Xaverian Brother
11. Industry or business Teacher

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Rev. Brother Oswald
(b) Address 4409 Frederick avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43 (month) (day) (year)
(c) Cemetery or crematory Catheral
Location

18 (a) Funeral director Chas. J. Evans Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) Date received MAR 23 1943 registrar Huntington Williams M.D.
VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943, to 3/22/ 1943
and that I last saw him alive on 3/21 1943.

Immediate cause of death: Hypostatic pneumonia
Due to (b) Chronic Myocarditis
Due to (c) Chronic Nephritis
Due to
Other Conditions Pulmonary Abscess
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Kutsch
Address 2157 Walbrook Ave Date signed 3/23/43

G 02482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02482
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Mt. Airy, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert E. Spurrier

3 (b) If veteran, name war no | 3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mollie Spurrier.
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1875

8. AGE: Years	Months	Days	If less than one day
68	2	9	hr. min.

9. Birthplace Frederick Co Maryland.
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name William Spurrier.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Drusilla Fowler.
15. Birthplace Maryland.

16 (a) Informant Mr Walter Spurrier
(b) Address Mt. Airy, Md.

17 (a) Burial (b) Date thereof 3-26-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Mt. Airy, Carroll Co. Md.

18 (a) Funeral director C. M. Wallz
(b) Address Westfield Md

19 MAR 24 1943 (b) Huntingtown, Williamsport, Md.
(Date rec'd by registrar) Registrar

VS 1 4 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23/43 19 . at 7:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19/43 19 . to 3/23/43 19 . and that I last saw h[illegible] alive on 3/23/43 19 .

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive C. V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J E Woodmansee Jr M. D.
Address Franklin Sq Hospital

Correct age is especially important. Physicians: please write the causes of death clearly and fully

G 02483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 02483 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 2 dy

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 W. Lee St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Wells

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-20-43

8. AGE: Years	Months	Days	If less than one day
—	—	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Newborn
11. Industry or business

FATHER
12. Name John Lee Vaughn
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ada Wells
15. Birthplace Balto. Md.

16 (a) Informant Mrs Edmina Wells.
(b) Address 638 W Lee St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MCH 26-43 (Month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Sam'l H Chase & Son
(b) Address 638 N. Gilmor St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS MAR 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 2:17 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1943 to March 22 1943 and that I last saw h im alive on March 22 1943.

Immediate cause of death	Duration
Hemorrhagic Diacone	2 dy
Due to the Newborn	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G H Carpenter M. D.
Address Provident Hospital Date signed 3-23-43

G 02484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87c

G 02484 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 month
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No Greenspring & Belvedere Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Brenner / Brenner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name David Brenner
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie
15. Birthplace Russia

16 (a) Informant Aged Home
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Pratt Rd & Bowleys Lane

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.

19 (a) (Date received by Registrar) (b) Registrar

MAR 24 1943 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23- 1943, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14- 1942 to 3-23- 1943, and that I last saw him alive on 3-23- 1943.

Immediate cause of death Heartfailure — Duration

Due to

Due to

Other Conditions Parkinson's dis
General arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin M. D.
Address Lewindale Date signed

G 02485
428476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02485 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 Jennison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jack B Levy
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-16-4270

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sara
6 (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) 6-2-98

8. AGE: Years	Months	Days	If less than one day
44	9	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Joseph Levy
13. Birthplace Russia

MOTHER
14. Maiden Name Sara Kastan
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Wash. Blvd.
Location Wash. Blvd.

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1439 E. Balto. St

19 (a) MAR 24 1943 (Date rec'd by registrar) (b) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1943 to March 23 1943 and that I last saw him alive on March 23 1943.

Immediate cause of death Respiratory Failure.
Due to Subacute Bacterial Endocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hope L. Mount
Address Johns Hopkins Hospital Date signed 3/23/43

Huntington Williams, M.D.

G 02486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 02486 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 N. Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8d
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 N. Gay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline A. M. Eberhardt

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1869

8. AGE: Years	Months	Days	If less than one day
73	8	15	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Florist

11. Industry or business

FATHER
12. Name Henry Eberhardt
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Margaret Eberhardt
15. Birthplace Baltimore, Md

16 (a) Informant Pauline Schultz
(b) Address 1421 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard N. Bright Jr.
(b) Address 4914 Belair Road

19 (a) MAR 24 1943 Washington Boulevard, Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943 at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1943 to March 21 1943 and that I last saw h alive on Mar 20 1943.

Immediate cause of death Cardiac Insufficiency — Duration ?
Due to Arteriosclerosis — ?
Due to — ?
Other Conditions Anemia - secondary — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Lowell C. Rumbold M.D.
Address 1761 E Mt. Royal Ave Date signed 3/24/43

VS 8

G 02487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02487 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316 E 33rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 E 33rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F Leist

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Amelia Leist

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13 1875

8. AGE: Years 67 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Fruit Packer

11. Industry or business Retired

FATHER
12. Name John P. Leist
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Baumgartner
15. Birthplace Baltimore

16 (a) Informant Henry Leist
(b) Address 4303 Walther Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2005 Orleans St

19 (a) Date received MAR 24 1943 Registrar's signature Huntington Hillcourt, M.D. Address 5106 Harford Rd

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 43, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/4 1939 to 3/22 1943 and that I last saw alive on 3/16 1943

Immediate cause of death: Coronary Occlusion — Duration 0

Due to:

Due to:

Other Conditions: Arteriosclerosis — 5 yrs

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: No

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature H. L. Hindy M.D.
M. D.
Date signed 3/23/43

VS 3

G 02488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1946 Annapolis Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1946 Annapolis Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Golden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James McGolden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1884

8. AGE: Years	Months	Days	If less than one day
58	9	23 25	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name John Rucko
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Kuss
15. Birthplace Germany

16 (a) Informant Mrs Edith Goldsten
(b) Address 1946 Annapolis Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Rural

18 (a) Funeral director Welsh Funeral Home
(b) Address 220 S Arlington Ave

19 (a) (Date received by Registrar) MAR 24 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 7 1939 to MAR 21 1943 and that I last saw her alive on MAR 20 1943.

Immediate cause of death	Duration
Coronary Occlusion	1 Day
Due to Arteriosclerosis	
Cardio Vascular Disease	
Due to Arteriosclerosis	4 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specific type of place)
(e) Means of injury

23. Signature Edward J Nolan M. D.
Address 68 W Washington Date signed 3-24-43

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 02489 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 & 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AGNES ESTELLA SCHREIBER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Female	White	Widowed

6 (b) Name of husband or wife John Schreiber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1881

8. AGE: Years	Months	Days	If less than one day
61	8	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name ? Emory
13. Birthplace Don't know

MOTHER
14. Maiden Name Don't know
15. Birthplace Ireland

16 (a) Informant John L. Schreiber
(b) Address 715 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) Date received by Registrar MAR 24 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943 at 12:03 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943 to March 20 1943 and that I last saw h[illegible] alive on March 20 1943.

Immediate cause of death Cerebral embolism — Duration 1 mo.
Due to
Due to
Other Conditions long standing cardiac — 3
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James T. Hosley M.D.
Address 993 E. Baltimore St. Date signed 3/23/43

VS 3

G 02490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02490 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 EASTERN AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 EASTERN AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN S. FORWOOD

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: ELIZABETH FORWOOD

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 17 1859

8. AGE: Years 83 | Months 9 | Days 15 | If less than one day: hr. min.

9. Birthplace HARFORD CO. MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant ANNA REED (FRIEND)
(b) Address 2010 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 25/43 (month) (day) (year)
(c) Cemetery or crematory WOOD LAWN
Location WOOD LAWN MD.

18 (a) Funeral director Lilly and Zeiler INC
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Hunting to Williams

vs MAR 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 22 1943, at 1/45 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to March 22 1943. and that I last saw alive on March 22 1943.

Immediate cause of death: Cor. Myocarditis — Duration: 12 MO

Due to: Arterio-Sclerosis — 1930

Due to:

Other Conditions:

(include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Rydaner M. D.
Address 861 N Kenwood Ave Date signed 3/24/43

correct age is especially important. Physicians: please write the causes of death clearly and

G 02491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 02491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Griffin Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Majka 79834

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Magdalene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 22, 1902

8. AGE: Years 41 | Months 1 | Days 0 | If less than one day: hr. min.

9. Birthplace: Miss. (Town, county, and state)
10. Usual Occupation: NONE
11. Industry or business:

FATHER
12. Name: Edward Majka
13. Birthplace: Austria

MOTHER
14. Maiden Name: Barbara ?
15. Birthplace: ?

16 (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 25/43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location HARFORD ROAD

18 (a) Funeral director: Lillyard Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) (Date received by registrar) MAR 24 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 9:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943 to Mar. 22 1943, and that I last saw h im alive on Mar. 22 1943

Immediate cause of death: Pulmonary tuberculosis — Duration: 8½ yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Hart M.D.
Address Balto City Hosp Date signed 3/24/43

G 02492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02492
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 S. LINWOOD AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 S. LINWOOD AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN GANNON

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife ANNIE GANNON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 5 1873

8. AGE: Years	Months	Days	If less than one day
69	8	17	hr. min.

9. Birthplace IRELAND
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name THOMAS GANNON
13. Birthplace IRELAND

MOTHER
14. Maiden Name MARY MALLOY
15. Birthplace IRELAND

16 (a) Informant KATHERINE DUFFY (DAUGHTER)
(b) Address 631 S. LINWOOD AVE.

17 (a) BURIAL (b) Date thereof MAR. 25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK AVE.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) MAR 24 1943 Thurlington Williamson, M.D.
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 22 1943, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1943. to Mar 22 1943.
and that I last saw him alive on Mar. 22. 1943.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. Joseph Toohey
Address 411 S. Wolfe St Date signed 3/24/43

Morgue G 02493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02493 / 107

Registered No. G 02493

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 830 George St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 830 George St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan Blackwell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	c	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1943

8. AGE: Years	Months	Days	If less than one day
—	1	49 25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Blackwell
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Marie Rebecca Hoaland
15. Birthplace Baltimore, Md.

16 (a) Informant Joseph Blackwell
(b) Address 830 George St

17 (a) Buried (b) Date thereof 3-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAR 24 1943
(Local registrar) Thomas Kingston Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute meningococcal bronchial pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed March 23 1943

VS 6

G 0249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02494

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 554 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 554 E. Fort Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris J. Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Albert B.
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 12/4/1893

8. AGE: Years	Months	Days	If less than one day
49	3	4	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph D'Heil
13. Birthplace Balto.

MOTHER
14. Maiden Name Anne W. Myers
15. Birthplace Balto.

16 (a) Informant Family
(b) Address 554 E. Fort Ave.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 3-25-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director James L. McCauley
(b) Address 420 E. Fort Ave.

19 (a) MAR 24 1943 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943 at 2:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943 to March 24 1943 and that I last saw [illegible] alive on March 21 1943.

Immediate cause of death Myocardial Insufficiency

Due to

Due to

Other Conditions Mitral Insufficiency Chronic Valvular endocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Schmidt
Address 1337 S. Charles St. Date signed 3/26/43

G 02495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

G 02495
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 723 E. Fort Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Pearl Forbes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1940

8. AGE: Years	Months	Days	If less than one day
3	2	7	hr. min.

9. Birthplace Berkley W. Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur H. Forbes
13. Birthplace Kentucky

MOTHER
14. Maiden Name Anetta S King
15. Birthplace W Va.

16 (a) Informant Arthur H. Forbes
(b) Address 723 E. Fort Ave.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Catonsville Md

18 (a) Funeral director James F. McCarthy
(b) Address 730 E. Fort Ave.

19 (a) (Date received by registrar) MAR 24 1943 (b) Huntington W. Va. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 3:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Lobular pneumonia — Duration

Due to bronchial asthma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner
Date signed March 23 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 02496 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 Hull St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Hull St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Percy Mc Laughlin
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 15-1900

8. AGE: Years 43 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Timothy Mc Laughlin
13. Birthplace Baltimore Md
MOTHER 14. Maiden Name Sarah Hart
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Sarah Mc Laughlin
(b) Address 1313 Hull St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Flynn & Flynn
(b) Address 1411 Light St.

19 (a) (Date received) MAR 1943 Acting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22/ 1943 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1941, to Mar. 2 1943. and that I last saw h alive on 3/21 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M.D.
Address 1225 E Clarke St Date signed 3/23/43 M. D.

VS 186

G 02497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 02497 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 E. 28th St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Abt. 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 E. 28th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William N. Wolff

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9-1856

8. AGE: Years	Months	Days	If less than one day
86	11	13	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation
11. Industry or business None.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant David J. Wolff
(b) Address 1718 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 14 W. Eight St.

19 (a) (Date rec'd by registrar) MAR 24 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22-1943 at 2.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12-1940. to 3-22-1943 and that I last saw him alive on 3-21-1943.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular-renal disease	Unknown
Due to	
Due to Arteriosclerosis	—
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sybert M. D.
Address 2702 Harford Rd. Date signed 3-24-43

463 02489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

G 02498

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ARK (b) County
(c) City or town Hot Springs (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Benton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nel Nelson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-11-83

8. AGE: Years 59 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace DENMARK (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name HANZ Nelson
13. Birthplace DEN

MOTHER 14. Maiden Name
15. Birthplace DEN

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar 22/43 (month) (day) (year)
(c) Cemetery or crematory Hot Springs, Ark.
Location

18 (a) Funeral director John A. Mitchell Funeral Co.
(b) Address 1900 Eutaw Place Huntington Pittsburgh, Pa.

19 (a) MAR 22 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 20 1943 at 12:23 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 6 1943 to MAR 20 1943 and that I last saw him alive on MAR 20 1943.

Immediate cause of death: Cardiac failure + pulm Edema — Duration: 24 hrs
Due to P.O. uremia — 7 days
Due to Carcinoma of Bladder — 2½ yrs
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/16/43 + 3/18/43

Major findings of operation: Carcinoma of Bladder

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H Lemons M. D.
Address Johns Hopkins Hosp Date signed 3/23/43

VS 180

G 02499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 W

G 02499 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St. Joseph Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 325 N Elwood Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN J. DRIVER

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0658

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	Married

6 (b) Name of husband or wife Christine A. [redacted]
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 2-2-89

8. AGE: Years	Months	Days	If less than one day
60	1	19	20 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Schloss Bros.

FATHER
12. Name Reynolds Driver
13. Birthplace Penn Yoger

MOTHER
14. Maiden Name Ann Rank
15. Birthplace Dont. Know

16 (a) Informant Mrs Christine Driver
(b) Address 325 N. Elwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery or crematory H. Joseph
Location Loyola. Md.

18 (a) Funeral director John G. McGann
(b) Address 3008 E. Balto. St.

MAR 24 1943
(Date rec'd by registrar) (By) [redacted] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1943, at 2:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1943 to 3-22 1943, and that I last saw h[redacted] alive on 3-22 1943.

Immediate cause of death Subarachnoid Hemorrhage — Duration

Due to Hypertension Essential

Due to

Other Conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuisting M.D.
Address St. Joseph's Hosp. Date signed 3-23-43

G 02500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

G 02500

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Typewriting is preferred. Physicians: please write the cause of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1923 Monroe St (If rural give location)

(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Mrs Anna C Fauth.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Geo. L. Fauth

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 12/4/1881

8. AGE: Years 61 | Months 6 | Days 18 | If less than one day: hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Conrad Nissell

13. Birthplace Germany

MOTHER — 14. Maiden Name Margaret Schmuck

15. Birthplace Germany

16 (a) Informant Geo. L. Fauth

(b) Address 1923 Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)

(c) Cemetery or crematory Forest Lawn

Location Baltimore County Md

18 (a) Funeral director J. S. Waltemeyer & Son

(b) Address 216 Eutaw Place

19 (a) MAR 24 1943 (Date rec'd by Registrar) (b) Signature of Registrar Washington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22 1943, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1943 to 3/22 1943 and that I last saw her alive on 3/22 1943.

	Duration
Immediate cause of death: Acute Hypocardial Failure	3 days
Due to: Hypertensive Cardio-Vascular	?
Due to: renal disease	
Other Conditions: Chronic Pept's Ulcer. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation: Gastric Ulcer Pyloreus.	
If autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward L. J. Kreig M.D.

Address Bon Secours Hosp Date signed 3/24/43

G 02501 #7 BALTIMORE CITY HEALTH DEPARTMENT G 02501

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 63 | Months | Days | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Coleman Tatum

13. Birthplace Va

MOTHER 14. Maiden Name Hannah Hughes

15. Birthplace Va

16 (a) Informant Mary Allen

(b) Address 842 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem.

Location

18 (a) Funeral director Elroy O. Wilson

(b) Address 1000 Brantley ave

19 (a) MAR 27 1943 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at 9:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death acute pulmonary edema

Due to chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed March 23 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 02502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

G 02502 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 W. Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 827 W. Cross St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter J. Knabe,

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No. 218-10-3814

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 1889

8. AGE: Years	Months	Days	If less than one day
53	7	4	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Department Store

FATHER
12. Name Arthur P. Knabe,
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna C. Hertney,
15. Birthplace Washington D.C.

16 (a) Informant John A. Knabe,
(b) Address 827 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26-43 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Baltimore Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave

19 (a) (Signature and title) (b) Huntington Williams, M.D.
MAR 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 23 1943, 19 . at 1.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1943 to 3/23 1943. and that I last saw h[illegible] alive on 3/22 1943.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 900 N. [illegible] Date signed 3/24/43 M. D.

Please write clearly in ink. Correct age is especially important. Physicians: please write the causes of death clearly and fully.

1 Exempt.

ADAM

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

02503 / 6 — Registered No. C 02503

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 East Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ADAM, Elizabeth

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1889

8. AGE: Years	Months	Days	If less than one day
53	10	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Adams
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Doyle
15. Birthplace Baltimore

16 (a) Informant Hospital records
(b) Address Sydenham Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27/43 (month) (day) (year)
(c) Cemetery or crematory Mary Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Eager St.

19 MAR 24 1943 (Date rec'd by registrar) by [illegible] for William [illegible] M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at 6 29 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 17 1943 to Mar 23 1943 and that I last saw her alive on Mar 23 1943.

Immediate cause of death: Cardio vascular collapse — Duration: 12 days
Due to: meningitis
Due to: meningococcus
Other Conditions: hypertension, obesity
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith, M. D.
Address Sydenham Hosp Date signed 3-23-43

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Please do not fold. Please write correct age in years, months, days. Physicians: please write the causes of death clearly and correct age is especially important.

G 02504 — 94a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02504 Registered No.

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1284 Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Weigand

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Catherine M. Weigand
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1884

8. AGE: Years	Months	Days	If less than one day
58	7	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Baltimore City Fire Dept

FATHER
12. Name Joseph Weigand
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Bank
15. Birthplace Germany

16 (a) Informant Mrs Catherine M. Weigand
(b) Address 1284 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Annapolis Rd Brooklyn Md

18 (a) Funeral director Elizabeth Harle Inc
(b) Address 115 E. West St.

19 MAR 24 1943 (Delivered by undertaker) (b) Huntington Hollowell M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his going (Autopsy or Inquiry) thereon and from the evidence obtained by said his going (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed March 23 1943

VS 6

G 02505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X836

Registered No. G 02505

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Ave and Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
6311
(d) Street No. Fred Rd Catonsville (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William O'Keffe

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Violet Thomas (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30 - 1859

8. AGE: Years	Months	Days	If less than one day
83	5	23	hr. min.

9. Birthplace Md. (Balto.) (Town, county, and state)
10. Usual Occupation Furniture Mfg. (Retired)
11. Industry or business Furniture

FATHER
12. Name Daniel O'Keffe
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary O'Connell
15. Birthplace Ireland

16 (a) Informant Sandra Kenney,
(b) Address Frederick Rd Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Geo. F. Boyer Jr
(b) Address 1512 Hollins St

MAR 24 1943 (Date filed) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23 1943. at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1943. to 3/23 1943. and that I last saw him alive on 3/23 1943.

Immediate cause of death	Duration
cerebral thrombosis	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Cranor M. D.
Address St. Agnes' Hosp Date signed 3/23/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Budna

C 02506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. C 02506

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 Cereal St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Cereal St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Kolodziejski (KOLODZIESKI)

3 (b) If veteran, name war —

3 (c) Social Security Account No. No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
about 68			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Frank Kolodziejski
(b) Address 1623 Cereal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A-A Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2002 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943 at 1201 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1940. to March 23 1943.
and that I last saw h alive on March 23 1943

Immediate cause of death — Duration

Due to Pulmonary tuberculosis

Due to

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 203 Bolgano Date signed

VS 1

G 02507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

G 02507 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 E Eager (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Wise

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Lula

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 10-1-94

8. AGE: Years	Months	Days	If less than one day
58	5	23	hr. min.

9. Birthplace Knoxville Tenn. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Andy Wise
13. Birthplace Morristown, Tenn.

MOTHER
14. Maiden Name Betty Woods
15. Birthplace Knoxville, Tenn

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26/43 (month) (day) (year)
(c) Cemetery or crematory Greenwood Cemetery
Location Knoxville, Tenn

18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 1900 Eastern Ave

19 (a) (Name of city registrar) (b) Washington Williams, M.D. Registrar

MAR 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 24 1943, at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 23 1943, to MAR 24 1943, and that I last saw him alive on MAR 24 1943.

Immediate cause of death: Generalized peritonitis — Duration: 36 hrs

Due to: Ruptured peptic ulcer

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 3-23-43

Major findings of operation: Gen'l peritonitis Ruptured peptic ulcer

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Olson Jr.

Address Johns Hopkins Date signed 3/24/43 M.D.

G 02508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

G 02508 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 wks.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thalbert HARRIS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	BLACK	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-42

8. AGE: Years	Months	Days	If less than one day
	11	17	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name (c) Charles Harris
13. Birthplace

MOTHER
14. Maiden Name Isabel ?
15. Birthplace

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address ?

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 26 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Mrs Oda Bailey
(b) Address 42 Jefferson St

19 (a) (Date rec'd by Reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 22 1943 at 7 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1943 to 3/22 1943 and that I last saw h[illegible] alive on 3/22 1943.

Immediate cause of death: Shock — Duration 12 hrs.
Due to: Septicemia due to meningococcus
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius D. Troggio
Address Johns Hopkins Hospital Date signed 3/22/43 M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02509 Registered No. 119a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 336 S. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Farley Jr

3 (b) If veteran, name war: Infant
3 (c) Social Security Account No.: Infant

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife: Infant
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb 20th, 1943

8. AGE: Years | Months: 1 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Thomas F. Farley Sr.
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Julia Tyler
15. Birthplace: Maryland

16 (a) Informant: Mr. Thomas F. Farley Sr.
(b) Address: 336 S. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cem.
Location: Frederick Ave.

18 (a) Funeral director: John J. Keenan & Son
(b) Address: 901 Hollins St.

MAR 24 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1943, to March 24 1943, and that I last saw him alive on March 24 1943.

Immediate cause of death: Pneumonia
Dehydration
Scleremia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. R. Shipley M. D.

Address University Hospital Date signed March 24 1943

Physicians: please write the causes of death clearly and legibly. Be sure to state the correct age in especially important.

G 02510 ~~AE 80409~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

G 02510 Registered No.

PLEASE WRITE PLAINLY. Information required is necessary for the completion of the record and should be obtained from the most reliable source. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 S. Spring St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Max Nisnek

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Martha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?- 1875

8. AGE: Years	Months	Days	If less than one day
68	?	?	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation D.P.W.
11. Industry or business

FATHER
12. Name A. Kim Nisnek
13. Birthplace Russia

MOTHER
14. Maiden Name Palonis ?
15. Birthplace Russia

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25-43 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John J. Strelciunas Jr.
(b) Address 423 S. Paca St.

MAR 24 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1943, at 8 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1943 to 3-23 1943, and that I last saw h[illegible] alive on 3-23 1943.

Immediate cause of death: Carcinoma of the lung — Duration 7
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-23-43

VS 150

G 02511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 02511

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2822 Clifton Ave.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-T
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town 2822 Clifton Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Md.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes N. Ledbetter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife William T. Ledbetter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July , 1869

8. AGE: Years	Months	Days	If less than one day
73	8		hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name James Swain
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary J. Atkinson
15. Birthplace Baltimore

16 (a) Informant William T. Ledbetter
(b) Address 2822 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (month) (day) (year)
(c) Cemetery ~~Woodlawn~~ Western
Location Edmondson Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

MAR 24 1943 (Date received by Registrar) Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23 1943, at 12:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1943 to Mar 23 1943, and that I last saw h alive on Mar 23 1943.

Immediate cause of death Coronary Thrombosis — Duration 3 hrs

Due to Myocarditis

Due to Chronic Nephritis

Other Conditions Congestion Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. Litzenberg M. D.
Address Medical Arts Bldg. Date signed 3/24/43

Please write clearly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

A G 02512

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 02512 Registered No.

CERTIFICATE OF DEATH 147B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 242 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Parthree F 70226

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes 214-20-6409

MEDICAL CERTIFICATION

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married-Separated

6 (b) Name of husband or wife Howard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15-1907

8. AGE: Years	Months	Days	If less than one day
35	6	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer- Baltimore
11. Industry or business Paper Box Factory-Key Highway

FATHER
12. Name William Hart
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Rose
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Md.

18 (a) Funeral director Hyllom Bros
(b) Address 1210 Fond St

19 (c) MAR 24 1943 (b) Registrar

VS 150

20. DATE OF DEATH 3-23 1943, at 7.25 M

21. I certify that death occurred on the date above stated; that I attended the deceased from 2-27 1943 to 3-27 1943, and that I last saw her alive on 3-23 1943.

Immediate cause of death: Staphylococcus septicemia — Duration 36 hrs.
Due to: Pyelonephritis — ?
Due to:
Other Conditions Delivered at home 2-20-43 (?) (Include pregnancy within 3 months of death) — over

Date of operation
Major findings of operations:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-27-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B G-02513

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) ~~Hospital or~~ institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Chestnut Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James Lawrence Stafford

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or divorced: Widowed
6 (b) Name of ~~husband or~~ wife: Mary Stafford
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 5th 1869
8. AGE: Years 73 | Months 8 | Days 18 | If less than one day hr. min.
9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Salesman

FATHER
12. Name Lawrence Stafford
13. Birthplace England

MOTHER
14. Maiden Name Mary Mc Pherson
15. Birthplace Va.

16 (a) Informant Anna V. Stafford
(b) Address 517 Chestnut Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

MAR 24 1943 Reporting for Williams, Md.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23 1943, at 5:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1943, to March 23 1943, and that I last saw h[im] alive on March 23 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Tuttleman
Address 2324 Reisterstown Rd Date signed 3/24/43 M. D.

VS 3

G 02514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No. G 02514

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2526 Guilford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits write RURAL and give town)
(d) Street No. 2526 Guilford Ave (If rural give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Engel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~Charles~~ Charles E. Engel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3rd 1865

8. AGE: Years	Months	Days	If less than one day
77	5	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ? Fortsch

13. Birthplace Md.

MOTHER 14. Maiden Name Emma Gangelbach

15. Birthplace Md

16 (a) Informant Emma M. Kuntz

(b) Address 1602 E. 31st St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/25/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto Md.

18 (a) Funeral director Williams Cook Inc

(b) Address 1217 W. Franklin St

19 (a) ~~Filed~~ (b) (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23rd 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 20 1943, to Mar. 23 1943, and that I last saw her alive on Mar. 22 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E. Nolan M. D.

Address 3 W. Preston Date signed 3-23-43

VS 8

G 02515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 121

G 02515

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Orchard Grove
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HEISE, WILLY

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9146

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Selma HEISE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 5th 1894

8. AGE: Years 48 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Balto. Md.

FATHER
12. Name August Heise
13. Birthplace Germany

MOTHER
14. Maiden Name Emma M. Z.
15. Birthplace Germany Epsom

16 (a) Informant Albert Ferd Weise
(b) Address 523 Oakmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1943 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1943 to 3-23 1943 and that I last saw him alive on 3-22 1943.

Immediate cause of death Intestinal obstruction — Duration

Due to Generalized peritonitis

Due to Ruptured appendicitis — 10 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-13-43

Major findings of operations: Ruptured Gangrenous Appendicitis

Date of autopsy Intestinal obst. Gen. peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Joseph M.D.
Address St. Joseph's Hospital Date signed

VS 2

G 02516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 02516
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 E. 30th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 E 30th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLARD W. SMITH

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex m
5. Color or race W
6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Hallie F. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19 1888

8. AGE: Years 54 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Public Dept.
11. Industry or business City of Baltimore

FATHER
12. Name Levin J Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hallie F. Smith
(b) Address 1612 E. 30th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 (a) 3-24-1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 1943 at 8P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-24-43

VS 6

G 02517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G 02517

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 778 N Lemard St
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 778 Lemard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES CHABILLOU

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	WHITE	Married

6 (b) Name of husband or wife Charles Chabillou
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	10	9		

9. Birthplace Balto. (Town, county and state)
10. Usual Occupation Hatter
11. Industry or business

FATHER
12. Name Louis C[illegible]illou
13. Birthplace Balto Md

MOTHER
14. Maiden Name Vigna
15. Birthplace Balto

16 (a) Informant Mrs Charles Chapillou
(b) Address 778 Lemard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director Harry H Writzke
(b) Address 4101 Edmondson ave

19 (a) MAR 25 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1943, to Mar 22 1943, and that I last saw h— alive on Mar 21 1943.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Resp Trouble (Chronic)	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Barney P Farnell M.D.
Address 2320 Arunah Ave Date signed 3/25/43

02518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. C 02518

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4640 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4640 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie D Schumann

3 (b) If veteran, name war: No
3 (c) Social Security Account No. [illegible]

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles Schumann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8 1860

8. AGE: Years 82 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christopher Dorsky
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Grahmann
15. Birthplace Germany

16 (a) Informant Rev Mary M Russell
(b) Address 4640 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director William H Lee
(b) Address 1317 E Pratt St

19 MAR 25 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943, at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1943 to Mar 24 1943 and that I last saw h[illegible] alive on Mar 24 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 3/24/43
Due to: Arteriosclerosis — Duration: ?
Due to: — Duration:
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rees D Gilbert M.D.
Address 4503 Park Heights Ave Date signed 3/24/43

VS 8

Correct age is necessary; important; if uncertain; please write the cause of death clearly and legibly.

G 02519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a Registered No. G 02519

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 1864

8. AGE: Years 78 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Co Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George Smith
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Poney Emmart
15. Birthplace Baltimore Md

16 (a) Informant Mrs Masson S Coates
(b) Address 2211 N Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)

(c) Cemetery or crematory Mt Olive
Location Roslyn, Balto Co, Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1219 E Fort Ave

19 (a) Filed MAR 25 1943 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at 10:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to MAR. 23 1943, and that I last saw h[illegible] alive on MAR. 23 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Arteriosclerosis — 5 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J Bones M.D.
Address 700 N 33rd St Date signed 3-24-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1210 G 02520 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1828 N Port St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 N Port St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Kaeny

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
	None	M	White	Widow

6 (b) Name of husband or wife Ella
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 18. 1868

8. AGE: Years 74 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer Retired
11. Industry or business City of Baltimore

FATHER
12. Name Henry Kaeny
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Johnson
15. Birthplace Germany

16 (a) Informant Mrs Elbert Kaeny
(b) Address 3101 Monroe St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (month) (day) (year)
(c) Cemetery or crematory Loudenmine Location Parkville Md
18 (a) Funeral director Wilson Funeral Home
(b) Address 1219 E Fort St
19 (a) MAR 25 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at 10:45 M
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21 1943 to Mar 23 1943
and that I last saw him alive on Mar 22 1943

Immediate cause of death
Uremia, Chronic nephritis.
Due to Hemiplegia

	Duration
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Seymour Fink, M. D.
Address 2202 W. North Ave Date signed 3-24-43

VS 8

Correct age at expiration of illness. Physicians: please write the cause of death clearly and legibly.

02521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169 Registered No. C 02521

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5102 Elmer Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN NELSON STAPF Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-8170

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband~~ wife Gertrude Stapf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4th 1914

8. AGE: Years	Months	Days	If less than one day
28	4	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business Pa. R.R.

FATHER
12. Name John A. Stapf
13. Birthplace Md.

MOTHER
14. Maiden Name Katie E. Moore
15. Birthplace Md.

16 (a) Informant Mrs Gertrude Stapf
(b) Address 5102 Elmer Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery ~~or Crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Bork Inc
(b) Address 1217 St. Paul ST

19 (a) MAR 25 1943 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24 1943 at 7 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing of chest — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Mar. 24 43 at 3 a M
(c) Where did injury occur? Carbonated Gas Co — 2 Biddle St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Slipped + crushed between

23. Signature H. L. Wallenmaier M.D. Medical Examiner
Date signed 3-25-43

VS 6

G 02522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02522 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 41 Bond Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Stanley E. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Ethel Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1890

8. AGE: Years	Months	Days	If less than one day
53	2	7	hr. min.

9. Birthplace Harford, Co., Md (Town, county, and state)
10. Usual Occupation Butler
11. Industry or business

MOTHER / FATHER
12. Name Frank Hall
13. Birthplace Md.

MOTHER
14. Maiden Name May Berry
15. Birthplace Md.

16 (a) Informant Mrs Ethel Hall
(b) Address 41 Bond Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-43 (month) (day) (year)
(c) Cemetery or crematory Piney Grove
Location Baltimore Co. Md

18 (a) Funeral director Mr Francis A. Kemsley
(b) Address 57 W. Biddle St.

19 MAR 25 1943 (Date received by local registrar) Herrington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, '43 19 , at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1943. to March 24 1943, and that I last saw h[illegible] alive on March 24 1943.

Immediate cause of death: Pulmonary edema — Duration 18 hrs
Due to: Hypertensive cardio-vascular renal disease — 15 mos
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James P. Carr M. D.
Address 516 Mulberry St Date signed 3-24-43

02523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 02523
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 640 N. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28 1885

8. AGE: Years 57 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Halifax Co. Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Marie Queen
(b) Address 640 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md

18 (a) Funeral director Mrs Frances A. Hemsley
(b) 573 W. Biddle St

19 (a) MAR 25 1943 (Date rec'd by registrar) Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943 at 10:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1943 to 3-22 1943 and that I last saw her alive on 3-22 1943.

Immediate cause of death: Carcinoma of rectum

Due to

Due to

Other Conditions: Shock, illness following operation
(Include pregnancy within 3 months of death)

Date of operation 3-16-43

Major findings of operation: Carcinoma of rectum

of autopsy Biopsy Ca of rectum

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. S. Jacobson
Address 600 N. Arlington Ave Date signed 3-24-43

VS 3

02524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. G 02524

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden Ave.

(c) Hospital or institution: Maryland General Hospital 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore 37 (If outside city or town limits, write RURAL and give town)

(d) Street No. 4119 Roland Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME John. R. Vanzandt. (John R. Van Zandt)

3 (b) If Veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife Sue F. VanZandt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1876

8. AGE: Years 66 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace New Jersey (Blumberg)
(Town, county, and state)

10. Usual Occupation Retired Real Estate agent

11. Industry or business Own business

FATHER

12. Name Augustus Vanzandt

13. Birthplace New Jersey

MOTHER

14. Maiden Name Mary Skillman

15. Birthplace New Jersey

16 (a) Informant Patient Mr. Charles Tydings

(b) Address 4119 Roland Ave.

17 (a) Removal (Burial, cremation, or removal) **(b) Date thereof** 3/26/43 (month) (day) (year)

(c) Cemetery or crematory Riverview Cem.

Location Trenton, N. J.

18 (a) Funeral director M. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) (Date received by local registrar) **(b)** Registered by

MAR 25 1943

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 18 1943 to Mar 24 1943 and that I last saw him alive on Mar 24 1943.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Martin W. Kregg, Jr. M. D.

Address Md. Gen. Hosp. Date signed 3/24/43

02525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 02525

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907 Fernhill Ave.
(c) Hospital or institution:

15-10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 Fernhill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN WALTER WHITE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Anna B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1875

8. AGE: Years	Months	Days	If less than one day
67	9	7	hr. min.

9. Birthplace Oxford, Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John White
13. Birthplace Oxford, Md.

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mr. Louis C. Larckeneque
(b) Address 3907 Fernhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, 1943 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cem.
Location Wash., Blvd.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

MAR 25 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1943 at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943, to Mar 17 1943, and that I last saw him alive on March 17 1943.

Immediate cause of death: Hypostatic Congestive Bronchopneumonia — Duration: Unknown
Due to: Arteriosclerosis — Duration: "
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. C. Goodbrow M. D.
Address 2923 St Paul St Date signed 3/25/43

02526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D

G 02526

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3312 Carlisle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Carlisle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE FULLBAUER

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Annie Auld Fullbauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 25, 1861

8. AGE: Years	Months	Days	If less than one day
81	7	28	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: salesman

11. Industry or business: John E. Hurst & Co.

FATHER
12. Name: Charles Fullbauer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Hess
15. Birthplace: Balto., Md.

16 (a) Informant: Mrs. Annie L. Fullbauer
(b) Address: 3312 Carlisle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 MAR 25 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1943 at 7:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to 3/27 1943, and that I last saw him alive on 3/27 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	2 yrs
Due to	
Due to	
Other Conditions Chronic	yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3907 Date signed 3-26-43

Please write clearly, using ink. Physicians: please write the causes of death clearly and legibly. Any false statement, omission or concealment of information may subject person responsible to penalty. Please give full and correct age in all cases where age is especially important.

02527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

520 Registered No. G 02527

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W 40th. ST.
(c) Hospital or institution: Home for Incurables - 1-W-13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3m 6 - 21
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th ST
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ward, Mrs Susan Ferris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George (w. Ward)
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 13, 1864

8. AGE: Years	Months	Days	If less than one day
78	8	6 10	— hr. — min.

9. Birthplace New Castle Co. Delaware (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name David B. Ferris
13. Birthplace Glasgow. New Castle Co. Del

MOTHER
14. Maiden Name Sarah D. Frazer
15. Birthplace Glasgow. New Castle Co. Del

16 (a) Informant Mary E. Wharton
(b) Address 700 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery or crematory Oak Grove Cem.
Location Cooksville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

MAR 25 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943 at 5 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/2 1939 to 3/23 1943, and that I last saw h[illegible] alive on 3/23 1943.

Immediate cause of death Cerebral Hemorrhage
Due to Cerebral Sclerosis (Chronic)
Due to
Other Conditions Rheumatoid arthritis

Duration
2 hours
10 yrs.
20 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Hinton Shriberger
Address 214 Medical Cit Bldg Date signed 3/23/43

02528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131R

G 02528 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5231 Fairlawn Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ERNEST GLEN PHILLIPS, Jr.

3 (b) If veteran, name war: Present War

3 (c) Social Security Account No. -

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1919

8. AGE: Years 23 | Months 3 | Days 22 | If less than one day: - hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation --

11. Industry or business --

FATHER
12. Name Ernest Glen Phillips
13. Birthplace Kingsbury, Md.

MOTHER
14. Maiden Name Ruth A. Maith
15. Birthplace Crisfield, Md.

16 (a) Informant Records-U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery or crematory Friendship Cem.
Location A. A. Co., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

MAR 25 1943 (A) [illegible]

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1943, at 10:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 2, 1943, to Mar. 23, 1943, and that I last saw him alive on Mar. 23, 1943.

	Duration
Immediate cause of death: Bronchopneumonia, secondary to uremia	Sev.days
Due to: glomerulitis	Unk.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Bean
W.S.Bean, Med.Director, Med.Officer in Charge
Address Marine Hosp., Balto. Date signed 3/24/43

No.12898

02529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 02529 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2033 N. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 N. Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALBERTA HUBBARD (ALVERTA)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Marion S. Hubbard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1865

8. AGE: Years	Months	Days	If less than one day
77	4	20	hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Butler
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Marion S. Hubbard
(b) Address 2033 N. Bentalou St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oliver
Location St. Michaels, Md

18 (a) Funeral director Wm. J. Trikouli Son.
(b) Address North & Penalvia Balto.

MAR 25 1943 (Date received by Registrar) Curtis Tom Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 1943 at 10 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions no (include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Allamong M.D.
Medical Examiner.
Date signed 3-24-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. G 02530

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 326 Ellamaster Ave
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 9
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 326 Ellamaster Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel R Krause

3 (b) If veteran, name war -

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65 64			hr. min.

9. Birthplace Cecil Co Md
(Town, county and state)

10. Usual Occupation Ry. R. R.

11. Industry or business Retired

MOTHER / FATHER
12. Name Henry T Krause
13. Birthplace Cecil Co Md
14. Maiden Name Mary Buckley
15. Birthplace Cecil Co Md

16 (a) Informant Mrs L. P. Bronwell
(b) Address 326 Ellamaster Ave

17 (a) Burial - (Burial, cremation, or removal) (b) Date thereof 3-26-1943 (month) (day) (year)
(c) Cemetery or crematory Charlestown Cecil Co Md
Location -

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E. 22nd St.

MAR 25 1943 (Date received by registrar) (c) Huntingtown Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23/1943, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2/1943 to 3/23/1943, and that I last saw h alive on March 22 1943.

Immediate cause of death Myocardial Insufficiency — Duration 4 days

Due to Myocarditis — 2 years

Due to

Other Conditions Chronic Chronic Congestive Failure Liver Kidneys + Lungs

(Include pregnancy within 3 months of death)

Date of operation -

Major findings of operations: -

of autopsy: -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at - M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? -
(Specify type of place)
(e) Means of injury -

23. Signature Thomas F White M.D.

Address 582 E 22nd St Date signed 3/24/43

VB 150

02531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered No. C 02531

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Dr. & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
Admitted 12-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3/12/43
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County -
(c) City or town South Boco Grande (If outside city or town limits, write RURAL and give town)
(d) Street No. -- (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** ULMONT CARY STEPHENS

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Shellie Mae Stephens

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) 9/14/1913

8. AGE: Years 29 | Months 6 | Days 10 | If less than one day - hr. - min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation SI/ Coast Guard

11. Industry or business Coast Guard

FATHER
12. Name George R. Stephens
13. Birthplace Fla.

MOTHER
14. Maiden Name Ola Lindsey
15. Birthplace Ga.

16 (a) Informant: Records- U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25 1943 (month) (day) (year)
(c) Cemetery or crematory Jacksonville Location Florida

18 (a) Funeral director Pott & B. M. Walters
(b) Address Baltimore Stocker St.

MAR 25 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1943, at 2:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 12, 1943, to Mar. 24, 1943, and that I last saw him alive on Mar. 24, 1943.

Immediate cause of death: Sub acute bacterial endocarditis with embolic brain abscess — Duration: Since approx. 2/15/43.

Contributing cause: Marked congestion & edema both lungs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Autopsy--3/24/43.

of autopsy: Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- (Specify type of place) While at work?
(e) Means of injury --

23. Signature R.h. Bridenbaugh M. D.
Address Baltimore, Md. Date signed 3/24/43

No. 44867

02532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 02532
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 W 37th St.
(c) Hospital or institution: 13-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 W 37th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Hoskall.

3 (b) If veteran, name war —
3 (c) Social Security Account No. 203-07-0264

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Madalyn Hoskall
6 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) July 8, 1898.
8. AGE: Years 44 | Months 8 | Days 14 | If less than one day: hr. min.
9. Birthplace Maryland.
(Town, county and state)
10. Usual Occupation Clerk
11. Industry or business Globe Brewing Co.

MOTHER / FATHER
12. Name Charles E. Hoskall.
13. Birthplace Maryland.
14. Maiden Name Flourie M. Turnbaugh
15. Birthplace Maryland.

16 (a) Informant Madalyn Hoskall.
(b) Address 1113 W 37th St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof March 25/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville Md.

18 (a) Funeral director Clements & Donovan
(b) Address

19 MAR 25 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1943, at 1 47 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1943 to 3-22 1943 and that I last saw her alive on 3-22 1943.

Immediate cause of death: Hypertensive C V D. & Cardiac Decomp
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 7.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laurence J. Clements M.D.
Address 3711 Falls Rd Date signed 3-24-43

VS 180

02533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 02533 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp. 2 7 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Harrison Ave., City (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Agnes Freeland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
F	W.	Married

6 (b) Name of husband or wife Elias T. Freeland
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1868

8. AGE: Years	Months	Days	If less than one day
74	7	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER	12. Name John Combs
	13. Birthplace Maryland
MOTHER	14. Maiden Name Mary Valentine
	15. Birthplace Pennsylvania

16 (a) Informant Elias T. Freeland
(b) Address 4011 Harrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 43 (month) (day) (year)
(c) Cemetery or crematory New Market
Location Md

18 (a) Funeral director Edward A. Noonan
(b) Address 3615 Eastern Ave.

MAR 25 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1943 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1943 to March 24 1943 and that I last saw h[illegible] alive on March 24 1943

Immediate cause of death	Duration
Respiratory & Circulatory failure	
Due to Cerebral accident	36 hrs.
Due to Hypertensive Cardio-Renal disease	3-4 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Talbott Jr. M.D.
Address Union Memorial Hosp. Date signed 3-25-43

VS 180

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 02534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 02534 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 735 W. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 W. Lexington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa M. Yeakel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1873

8. AGE: Years	Months	Days	If less than one day
70	4	26	hr. 4 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Owen McNaney
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Charles E. Yeakel
(b) Address 113 3rd Ave Brooklyn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery or crematory St. Peter's Cem
Location Moreland Ave.

18 (a) Funeral director John F. Corrigan's Son
(b) Address 901 Hollins St.

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

MAR 25 1943

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23/1943 at 10:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1943 to 3-23 1943 and that I last saw her alive on 3-22 1943

Immediate cause of death: chronic myocarditis — Duration: [illegible]

Due to

Due to

Other Conditions acute bronchitis — Duration: 10 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S Gilmor St. Date signed 3-23-43

correct age is especially important for persons dying in infancy. Please see that it is stated in years, months, days, or hours.

G 02535 ✓ G 02535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison St
(c) Hospital or institution: Maryland Gen. Hosp. 13-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2052 Linden Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Finneyfrock

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife Charles E. Finneyfrock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1868

8. AGE: Years	Months	Days	If less than one day
75	1	15	hr. min.

9. Birthplace Buckeystown, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Christian Hill
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Hahnestock
15. Birthplace Germany

16 (a) Informant Miss Ethel V. Finneyfrock
(b) Address 2052 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director Horace F. Buggee
(b) Address 321 Flagg Road, Huntingtown, Md.

19 MAR 25 1943 (b) (Filled in by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21 1943, to 3/23 1943 and that I last saw he/she alive on 3/23 1943.

Immediate cause of death: Uraemia — Duration

Due to Intestinal Obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. T. McGuigan M. D.
Address Maryland Gen. Hosp. Date signed 3/23/43

VS 3

02536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

G 02536
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2214 Callow Ave.
(c) Hospital or institution:

12-7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 Callow Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Hannah Messersmith Magness

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles I. Magness
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1865

8. AGE: Years 78 | Months | Days 4 | If less than one day: hr. min

9. Birthplace: Baltimore County
(Town, county, and state)

10. Usual Occupation: Home Duties

11. Industry or business

FATHER
12. Name: Louis Messersmith
13. Birthplace: Germany

MOTHER
14. Maiden Name: Barbara Meyers
15. Birthplace: Baltimore, County

16 (a) Informant: Charles H. Magness
(b) Address: 2214 Callow Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-43 (month) (day) (year)
(c) Cemetery or crematory: Friends Burial Ground
Location: Baltimore, Md.

18 (a) Funeral director: Frederick A. Coley
(b) Address: 1200 N. Lombard St

19 MAR 25 1943 Signature of Registrar: [illegible]
(Date received)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1943, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2- 1941, to 3-23- 1943 and that I last saw her alive on 3-14- 1943.

Immediate cause of death: Chronic myocarditis — Duration: 2 yrs.

Due to: Generalised arterio Sclerosis — Duration: 2 yrs.

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Milton C. Lang M. D.
Address: 2117 Belair Rd Date signed 3-24- 43

correct age is especially important. Physicians: please write the words or figures clearly and legibly.

VS 180

G 02537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 02537

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Otm
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 S. Hyde St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALFREDO ROSSI

3 (b) If veteran, name war	3 (c) Social Security Account No. 112-07-7202

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14 1889

8. AGE: Years	Months	Days	If less than one day
54 ~~65~~	1	11 10	hr. min

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Stone mason
11. Industry or business

FATHER
12. Name Alexander Rossi
13. Birthplace Italy

MOTHER
14. Maiden Name Eleonora Colangelo
15. Birthplace Italy

16 (a) Informant E. Rogers (923 S. Clinton Ave
(b) Address Trenton N.J.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 27/43 (month) (day) (year)
(c) ~~xxxxxxx~~ crematory Ewing
Location Ewing Cem. R. D. No. 1 Trenton N.J.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St. Huntington Williams, N.J.

MAR 25 1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 24 1943 at 10 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed 3-24-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02538 HEALTH DEPARTMENT—CITY OF BALTIMORE C 02538

CERTIFICATE OF DEATH 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Eutaw Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. 11½ da. How long in U. S. If of foreign birth? .... yrs. .... mos. .... da.

2. FULL NAME Jamesetta Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 915 Eutaw Ave St., 7-4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	—

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, 1943

7. AGE Years	Months	Days	If LESS than 1 day 32 hrs. or — min.
—	—	— 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) 915 Eutaw Ave Baltimore Md.

FATHER

13. NAME Edward E. Brown

14. BIRTHPLACE (city or town) (State or country) Prince Edward Co Virginia

MOTHER

15. MAIDEN NAME Anna Myles

16. BIRTHPLACE (city or town) (State or country) Raleigh North Carolina

17. INFORMANT Anna Brown
(Address) 915 Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date March 26 1943

19. UNDERTAKER Robert E. Williams
(Address) 1515 McElderry St

MAR 25 1943 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 20 1943 to March 24 1943

I last saw h alive on March 21, 1943 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

Prematurity. — Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maynard Bluff M. D.

(Address) 1501 E. Eager St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

G 02539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

940

G 02539
Registered No.

correct age is especially important. Physicians: please write the exact number of years, months, days.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1138 N. Monroe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 N. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennette V. Mentzer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband Edward Mentzer
6 (c) If alive, give age years

7. Birth date of deceased 2-1886

8. AGE: Years	Months	Days	If less than one day
57	7	21	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John P. Jones
13. Birthplace Virginia

MOTHER
14. Maiden Name Annie Watts
15. Birthplace Baltimore, Md

16 (a) Informant Mrs John Anthony
(b) Address 1138 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Frederick Rd. Balto. Md

18 (a) Funeral director Mitton & Shilling
(b) Address 3914 S. Hanover St

19 (a) MAR 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23 - 1943, at 8:30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 3/2 1943, to 3/23/ 1943.
and that I last saw her alive on 3/23/ 1943.

Immediate cause of death: CORONARY THROMBOSIS — Duration 2 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at AM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Daniel S Shoreder M. D.
Address 945 N. Baltimore St Date signed 3/24/43.

VS 3

02540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. G 02540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Everything of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1804 Longwood St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1804 Longwood St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Nellie D. Diehl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ Julius F. Diehl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1881

8. AGE: Years 61 | Months 3 | Days 2 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and State)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name James Dyer

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Muldoon

15. Birthplace Ireland

16 (a) Informant Julius F. Diehl Jr.

(b) Address 1804 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Martin Fahey & Sons

(b) Address 1827 W. North Ave.

MAR 25 1943 (Date rec'd by Registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to March 23 1943, and that I last saw her alive on March 23 1943.

Immediate cause of death: Cerebral Hemorrhage

Due to Hypertensive C.V. disease

Due to Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. E. Needle

Address 2314 - 20 North St. Date signed 3/25/43

VS 150

G 02541 T. BALTIMORE CITY HEALTH DEPARTMENT G 02541 Registered No.

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 433 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 433 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Roosevelt Heath

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-9275

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Daisy May Heath
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1914

8. AGE: Years	Months	Days	If less than one day: hr.	min.
28	7	27		

9. Birthplace Winnsboro S. C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER | FATHER
12. Name John Heath
13. Birthplace Winnsboro S. C
14. Maiden Name Minnie Johnson
15. Birthplace Winnsboro S. C

16 (a) Informant Daisy May Heath
(b) Address 433 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Winnsboro
Location South Carolina

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 E Lafayette St

19 MAR 25 1943 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24th 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21 1943 to 3/24 1943 and that I last saw h[illegible] alive on 3/24 1943.

Immediate cause of death Congestive Heart failure — Duration

Due to Pneumonia (Lobar)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Evan H Gilkes, M.D.
Address 601 N. Calhoun St Date signed 3/25/43

VS 3

PRINT WRITE PLAINLY, with ink. Do not use pencil. Be sure to answer all questions correctly. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

02542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. C 02542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynes
(c) Hospital or institution: West Balto. Gen. Hosp. 27 + 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5114 Chalgrove Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Morris Marks

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Florence (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1878

8. AGE: Years 64 | Months 5 | Days | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Mfg. Agent.

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Esther
15. Birthplace Russia

16 (a) Informant Jobie Marks
(b) Address 5114 Chalgrove Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore County

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) 25 1943 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943 at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1943 to 3/24 1943 and that I last saw h/ alive on 3/24/1943.

Immediate cause of death: Coronary Vascular Collapse

Due to: Localized Gangrene

Due to: Ruptured Arteriosclerotic

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/16/43.

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Pierson W. Hackett
Address WBGH Date signed 3/24/43

VS 150

02543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 02543

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green Sts

(c) Hospital or institution: University Hosp 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 2

(d) Street No. 2004 Baker St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Yetta Anshell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 75 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name ?

13. Birthplace Russia

MOTHER 14. Maiden Name ?

15. Birthplace Russia

16 (a) Informant Samuel Anshell

(b) Address 2004 Baker St. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friedale

Location Md. Rd. Frankfurt Ave

18 (a) Funeral director Jacob Lewis Inc

(b) Address 1439 E. Balto. St

MAR 25 1943 Clinton Williams, M.D. Registrar

(Date filed by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24 19 at 1:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1943, to Mar 24 1943, and that I last saw her alive on Mar 24 1943.

Immediate cause of death: Pulmonary infarct — Duration

Due to

Due to: right femur, intertrochanteric

Other Conditions: fracture -

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide fall

(b) Date of occurrence Mar 15 at 7 P.M

(c) Where did injury occur? at home, Balto, Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? at home While at work? (Specify type of place)

(e) Means of injury fall - stumbled on rough cotton floor

23. Signature Etta C. Sink, M. D.

Address Univ. Hosp Date signed 3/24/43

Thomas J. Mihelson M.D.

G 02544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 02544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Forest & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 26 days

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. Carrollton Ave & Clinton St (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME Melvin H. Pingree (MELVIN HERBERT PINGREE)

MEDICAL CERTIFICATION

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 218-10-8071

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anne L. Pingree
6 (c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) July 2 1871
8. AGE: Years 71 | Months 8 | Days 21 | If less than one day: hr. min.
9. Birthplace Livian - Maine (town, county, and state)
10. Usual Occupation Chemist
11. Industry or business Amer. Agric. Chem. Co.

FATHER
12. Name Edwin Pingree
13. Birthplace Maine

MOTHER
14. Maiden Name Lunette Hale
15. Birthplace Maine

16 (a) Informant Mrs Hope P. Reblich (daughter)
(b) Address Buxton Me.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Woodlawn
Location
18 (a) Funeral director Stewart Mortuary
(b) Address 108 W Monument Ave.
19 (a) Filed MAR 25 1943 (Registrar) (b) Huntington Williams M.D. Registrar

VS 150

20. DATE OF DEATH March 23 1943, at 3:42 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943 to Mar 23 1943, and that I last saw h[illegible] alive on Mar 23 1943.

Immediate cause of death: Coronary thrombosis — Duration
Due to Arteriosclerotic cardiovascular disease
Due to
Other Conditions Pneumonia, Right base
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elizabeth B. Sherrill
Address University Hosp. Baltimore, Maryland Date signed 3-23-43 M. D.

G 02545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/0

G 02545 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3426 E Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3426 E. Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES J. LINDMAN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Margaret Cygel
6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Oct 27/876

8. AGE: Years	Months	Days	If less than one day
66	4	26	hr. min.

9. Birthplace: Balto. Md
(Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: John Lindeman
13. Birthplace: Balto

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Balto.

16 (a) Informant: Mrs. Margaret Lindeman
(b) Address: 3426 E. Balto St

17 (a) Burial (b) Date thereof: 3/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Oakdale
Location: Catalpa Ave

18 (a) Funeral director: J. Hellmann & Son
(b) Address: 1 S. Broadway

19 (a) Filed: MAR 25 1943 (b) Registrar: Huntington Williams
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943 at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic nephritis — Arteriosclerosis	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
Autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 3-24-43

G 02546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. G 02546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 84 S. Franklintown Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 84 S. Franklintown Rd
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Lucie Nesbitt

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry Nesbitt
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 26 1870

8. AGE: Years	Months	Days	If less than one day
72	10	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Lucie L. Nesbit
13. Birthplace Co. Kerry, Ireland

MOTHER
14. Maiden Name Agatha Helmer
15. Birthplace Baltimore, Md.

16 (a) Informant Eugene Nesbitt
(b) Address 84 S. Franklintown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director J. B. Kilpatrick Son
(b) Address 310 Eutaw Place

19 (a) Date received MAR 25 1943 (b) Registrar for Williams Highway

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to March 23 1943 and that I last saw her alive on March 18 1943.

Immediate cause of death (a) Myocardial failure
Due to
Due to Arteriosclerotic Heart Disease
Other Conditions Hemiplegia Senescence
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry S. Gunkel M. D.
Address 2703 Eutaw Pl Date signed 3-24-43

02547
431157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 02547
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Division ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-03

8. AGE: Years	Months	Days	If less than one day
39	9	21	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alexander Lee
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Eliz. Larkfin
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 3/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director C. A. Roberson
(b) Address Cameron Md.

19 MAR 25 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

43

20. DATE OF DEATH March 24 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to March 24 1943 and that I last saw him alive on March 24 1943

Immediate cause of death: Respiratory obstruction — Duration

Due to: Mediastinal emphysema

Due to: Exploratory thoracotomy & release of adhesions

Other Conditions: Right bronchiectasis Right TB + thoracoplasty

(Include pregnancy within 3 months of death)

Date of operation 3-24-43

Major findings of operation: Pleural adhesions

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. C. Way M.D.
Address Johns Hopkins Hosp. Date signed 3-25-43

G 02548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered No. G 02548

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Catons
(c) Hospital or institution: St Agns Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 S. Caton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Ruth Kirby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem'l	Wh'te	Marri'd

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 1920

8. AGE: Years	Months	Days	If less than one day
22	7	15	hr. min.

9. Birthplace Balto (Town, county and state)

10. Usual Occupation Pay Teller

11. Industry or business

FATHER
12. Name Paul Ewert
13. Birthplace Balto

MOTHER
14. Maiden Name Anna A.
15. Birthplace Balto

16 (a) Informant Hope F Kirby
(b) Address 246 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Fineberg Funeral
(b) Address Fulton & Lexington Sts

19 (a) (b) Huntington Williams, M.D. Registrar

MAR 25 1943
VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943 at 7 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1943 to March 22 1943 and that I last saw her alive on Mar. 22 1943.

Immediate cause of death: (a) Subacute bacterial endocarditis — Duration 3 mo
Due to: (b) Strep. Viridans Septicemia
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Subacute bact. endocarditis of autopsy: Splenic & renal infarcts

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. Arthur Kossberg
Address St. Agns Hosp. Date signed 3/23/43

2549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 02549

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 E. 22nd street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 E. 22nd street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM E. McCARDELL, Sr.

3 (b) If veteran, name war ----

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband ~~or wife~~ Mary A. McCardell
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1863

8. AGE: Years	Months	Days	If less than one day
79	7	3	____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William McCardell
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary McNeal
15. Birthplace Balto. Md.

16 (a) Informant Miss Eunice McCardell
(b) Address 222 E. 22nd street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas J. Evans & Son
(b) Address 118 N. Mt. Royal Ave Huntingtown Baltimore, Md.

MAR 25 1943 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1942 to 3/24/1943, and that I last saw h alive on March 25 1943.

Immediate cause of death

	Duration
Myocardial Insufficiency	1 week
Due to Myocarditis	1½ yrs
Due to Arteriosclerosis	?
Other Conditions Coronary Sclerosis	1½ years

(Include pregnancy within 3 months of death)
Date of operation ____
Major findings of operation: ____
of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature Stevenson F. Mattfeldt M.D.
Address 632 E 22nd St Date signed 3/25/43 M. D.

VS 150

G 02550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 02550

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2413 Kendale Road
(c) Hospital or institution:

27

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 Kendale Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frances F. Wilhelm

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Wm. H. Wilhelm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1879

8. AGE: Years	Months	Days	If less than one day
64	1	11	hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)
10. Usual Occupation Homemaker
11. Industry or business

FATHER
12. Name George Frederick
13. Birthplace Balto. Co., Md

MOTHER
14. Maiden Name Frances Cooper
15. Birthplace Balto. Co. Md

16 (a) Informant Mrs. Geo. H. Zoucks
(b) Address 2413 Kendale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Westerly
Location Balto. Co. Md

18 (a) Funeral director Sanders & Brooks
(b) Address Govans, Md

19 MAR 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at 9 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1st 1942, to March 25 1943, and that I last saw her alive on Mar. 24 1943.

Immediate cause of death Coronary occlusion — Duration 1 hour
Due to Coronary Arteriosclerosis — 2 yrs
Due to
Other Conditions Myocarditis Chronic — 3 yrs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harman R. Wantz M. D.
Address 2601 Monhattan Av Date signed 3/25/43

correct age is especially important if deceased was under one year, or 65 years or more.

VS 150

02551

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH 937

G 02551 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 eaton avenue
(c) Hospital or institution: Fenhurst Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington DC
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 allison St. N.W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jeremiah Sullivan
13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen
15. Birthplace Ireland

16 (a) Informant Fenhurst Memorial Hospt.
(b) Address 1000 Eaton Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof MAR. 28th 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Washington D.C.

18 (a) Funeral director TIMOTHY HANNON
(b) Address 611 H St N.E. Wash. D.C.

19 (c) MAR 29 1943 Huntington Williams, M.D.
Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1943, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1943, to 3/26 1943, and that I last saw h.s.r alive on 3/26 1943.

Immediate cause of death: Congestive heart failure — Duration 4 days
Due to: Arteriosclerotic C.V.D. — 10 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J.W. Driggs M.D.
Address 54 Aspen Hts Date signed 3/29/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. G 02552

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DOUGLAS TYLER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17-1919

8. AGE: Years	Months	Days	If less than one day
24 23	-	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Douglas Tyler
13. Birthplace Virginia

MOTHER 14. Maiden Name Leona Stanley
15. Birthplace Maryland

16 (a) Informant Lenore Tyler
(b) Address 400 Cumin Court

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-25-43 (month) (day) (year)
(c) Cemetery or crematory Orbitsville Memorial Pk
Location Balto, Md

18 (a) Funeral director Archibald F. Geddis
(b) Address 2101 W. Lafayette Ave

19 (a) MAR 26 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1943, at 1:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of thigh and abdomen — Duration
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-20-43 at 1 a M
(c) Where did injury occur? 1504 Pennsylvania Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Stab wound of thigh and abdomen
23. Signature H. J. Gallenwelters M.D. Coroner Medical Examiner.
Date signed 3-20-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 02553

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 E Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma C Loos

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1857

8. AGE: Years 85 | Months 5 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Teacher Retired
11. Industry or business Baltimore City School

FATHER
12. Name Henry Loos
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Ahrenstorm
15. Birthplace Germany

16 (a) Informant Henry F Poehlmann
(b) Address 2917 Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son Inc
(b) Address 1219 E Fort St

19 (d) Registrar Huntington Williams Md

MAR 26 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1943 to March 25 1943, and that I last saw her alive on 3-23 1943.

Immediate cause of death: Lobar Pneumonia — Duration: 5 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Peake M. P. M. D.
Address 4518 Harford Rd Date signed 3-28-43

02554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 02554 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Poloman (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Albert Albright

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9019

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Margaret Albright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16 1895

8. AGE: Years	Months	Days	If less than one day
48 47	1	9	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Inspector Balto Transit
11. Industry or business

FATHER
12. Name Clinton Albright
13. Birthplace Md

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Leo C Albright
(b) Address 1508 Patterson Park

17 (a) Lowal (Burial, cremation, or removal) (b) Date thereof Mar 29/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Balto Co Md

18 (a) Funeral director Wilmot Hynson Home
(b) Address 2008 Orleans St

MAR 26 1943 (Date rec'd by registrar) (b) Harrington Williamson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at 2 P AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1943 to March 25 1943, and that I last saw him alive on March 25 1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive Cardiovascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuesting
Address St. Joseph's Hosp. Date signed 3-25-43 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

G 02555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 231 S. Madeira St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME PUESCHEL, HOWARD, SR.
3 (b) If veteran, name war
3 (c) Social Security Account No. 220-03-2343

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife ELIZABETH
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1892
8. AGE: Years 51 Months Days If less than one day hr. min.
9. Birthplace Baltimore, Baltimore, Md. (Town, county, and state)
10. Usual Occupation Handy man
11. Industry or business

FATHER
12. Name Ernst Pueschel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Wahl
15. Birthplace Balto

16 (a) Informant Elizabeth Pueschel
(b) Address 231 S Madeira St
17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mon 27/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md
18 (a) Funeral director Leland Funeral Home
(b) Address 2041 Orleans St
19 MAR 26 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1943 at 8:45 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1943 to 3-24 1943 and that I last saw him alive on 3-23 1943
Immediate cause of death Acute nephritis — Duration
Due to Inflammation Pancreas Gt Head. Chronic Cholst. Common duct - Jaundice - 9
Other Conditions Meningitis, Amoeba dysentery.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation Same as above
of autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William Hoyt M. D.
Address St. Josephs Hosp Date signed
BALTIMORE, MD.

VS 3

Physicians: please write the causes of death clearly and correct age is especially important.

C 02556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02556 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 142 North Exeter Street (If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME Dominic CIACURI
3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 73 Months ? Days ? If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Dominic CIACURI
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 [illegible] 43 (month) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd
18 (a) Funeral director J. J. Fahey & Sons
(b) Address 1318 Light St
MAR 26 1943 (b) Huntingdon Baltimore, Md
(Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22/1943, at 11:25 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 3/22/1943 to 3/22/1943 and that I last saw h[illegible] alive on 3/22/1943.

Immediate cause of death	Duration
Cardio Respiratory Failure	
Due to Acute pulmonary edema	
Due to ? (Antecedent)	
Other Conditions ?	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John R. Davis, Jr., M.D.
Address Mercy Hospital Date signed 3/23/43

VS 150

Please write plainly. Physicians: please write the causes of death clearly and legibly. Underlining correct age is especially important.

✓ G 02557

02557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH — Registered No. _____

CITY OF BALTIMORE: (No. 2614 Robb St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

2. FULL NAME Mary Mitchell Daley — If U. S. Veteran specify WAR _____

(a) Residence: No. 2614 Robb St St., 9-7 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles Daley

6. DATE OF BIRTH (month, day, year): April 2, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 3/17/43

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Charles Co. Md.

FATHER

13. NAME: Phillip Musebette

14. BIRTHPLACE (city or town) (State or country): Charles Co. Md.

MOTHER

15. MAIDEN NAME: Mary Mitchell

16. BIRTHPLACE (city or town) (State or country): Charles Co. Md

17. INFORMANT: Mrs Walter Friend

(Address) 621 E Lincoln Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 3/27 '43

19. UNDERTAKER: H. H. Mezger and Son

(Address) 805 N. Calvert St

MAR 26 1943

Huntington Williams, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 24, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1943, to March 24, 1943

I last saw h-er alive on March 23, 1943 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/14/43
Other contributory causes of importance: Bronchopneumonia	3/24/43

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19__

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis W. Kluck, M. D.

(Address) 710 Park ave

02558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 02558

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3022 St. Paul Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) About 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 St. Paul Street
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Harry C. Weiskittel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Daisy Grumbine
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 74	---	---	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Gas Range & Cast Iron
11. Industry or business Pipe & Fitting Mfgr.

FATHER
12. Name Anton Weiskittel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Shumacher
15. Birthplace Germany

16 (a) Informant Mrs. Daisy M. Weiskittel
(b) Address 3022 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (Date rec'd by registrar) MAR 26 1943 Huntington Williams, M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 24 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to 3/27/ 1943, and that I last saw him alive on 3/24/ 1943.

Immediate cause of death Coronary occlusion

Due to Coronary arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Keeney M. D.
Address 1201 N. Calvert St. Date signed 3/26/43

G 02559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 02559 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 N. Ley St
(c) Hospital or institution: 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 N. Ley st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Bertha Marcus

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Barney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Benjamin Goldman
13. Birthplace R

MOTHER
14. Name Rosa Goldman
15. Birthplace R

16 (a) Informant Isadore Marcus
(b) Address 1079 N. Balto st

17 Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (month) (day) (year)
(c) Cemetery Franklin & Conej
Location Rosedale

18 (a) Funeral director Jack Louis Inc
(b) Address 1848 E. Balto st

19 (a) MAR 26 1943 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at 5 46 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1943 to March 25 1943, and that I last saw h[illegible] alive on March 24 1943

Immediate cause of death Pulmonary edema — Duration 4 days
Due to Coronary occlusion — 4 years
Due to — 3 days
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Levman M. D.
Address Date signed

Please write plainly, using ink. Be sure to answer every question. Do not use abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1604

G 02560 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 13-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Whittier Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Shocket

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	New born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1943

8. AGE: Years	Months	Days	If less than one day
			hr. 30 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jack Shocket
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel Preissman
15. Birthplace Baltimore, Md

16 (a) Informant Ethel Shocket
(b) Address 2219 Whittier Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Fernwood Rock Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

19 (a) MAR 26 1943 (Date rec'd by registrar) (b) Huntington Woodstock, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943, at 2 39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1943, to Mar 24 1943 and that I last saw him alive on Mar. 24 1943.

Immediate cause of death
Zutia Cranial Hemorrhage.
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Shapero M. D.
Address 1411 Eutaw Pl Date signed 3/26/43

VS 8

43 02561 — BALTIMORE CITY HEALTH DEPARTMENT — 84d G 02561 Registration No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address HPPC
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
Henry Phipps Psychiatric Clinic 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 E. BIDDLE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS S LONGO

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. 217-07-4347

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-17-15

8. AGE: Years	Months	Days	If less than one day
27	11	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Hull DRA
11. Industry or business Shipbuilding

FATHER
12. Name HENRY LONGO
13. Birthplace Italy

MOTHER
14. Maiden Name ROSGIRIA D'ANGELO
15. Birthplace Italy

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Beloit Rd.
18 (a) Funeral director Jas. Leary Son
(b) Address 1459 E. Baltimore
19 (a) MAR 30 1943 (b) (Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 24 1943, at 9.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 13 1943, to MAR 24 1943, and that I last saw him alive on MAR 24 1943.

Immediate cause of death Undiagnosed FEVER — Duration 6 weeks
Due to aspiration pneumonia
Due to unknown cause
Due to
Other Conditions Psychosis (toxic deliriosum).
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: Mar 24-'43

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L Eve Hambleton
Address Johns Hop. Hosp. Date Mar 24 '43

Attending for Williams, M.D.

PLEASE WRITE CLEARLY, with unfading ink. Every item of information should be entered. Do not use abbreviations. Do not enter "same," "unknown," or leave blanks. If none, write "none." Please answer all questions. Be sure that the cause of death is stated in such terms that a definite underlying cause is reported. Do not report symptoms of mode of dying, such as heart failure, asphyxia, anemia, or exhaustion, without stating the disease or injury which caused them. Do not report merely "accident," "homicide," or "suicide," but state how injury occurred. Do not report "cancer" or "tumor" without stating the organ affected. Do not report "tuberculosis" without stating the organ affected. Do not report "pneumonia" without stating whether bacterial, viral, or other, and the organism, if known. Do not report "rheumatism" as a cause of death. Do not report "senility" without assigning a cause. Do not report "hemorrhage," "embolism," "thrombosis," or "uremia" without stating the cause. Do not report "gangrene" without stating the organ affected and the cause. Do not report "abscess" without stating the organ affected and the cause. Do not report "infection" without stating the organ affected and the cause. Do not report "fever" without stating the cause. Do not report "pain" without stating the cause. Do not report "weakness" without stating the cause. Do not report "debility" without stating the cause. Do not report "old age" without stating the cause. Do not report "natural causes" without stating the cause. Do not report "unknown" without stating the cause. Do not report "undetermined" without stating the cause. Do not report "pending" without stating the cause. Do not report "under investigation" without stating the cause. Do not report "awaiting autopsy" without stating the cause. Do not report "awaiting report" without stating the cause. Do not report "awaiting results" without stating the cause. Do not report "awaiting laboratory" without stating the cause. Do not report "awaiting pathology" without stating the cause. Do not report "awaiting microscopic" without stating the cause. Do not report "awaiting chemical" without stating the cause. Do not report "awaiting bacteriological" without stating the cause. Do not report "awaiting serological" without stating the cause. Do not report "awaiting toxicological" without stating the cause. Do not report "awaiting radiological" without stating the cause. Do not report "awaiting clinical" without stating the cause. Do not report "awaiting history" without stating the cause. Do not report "awaiting physical" without stating the cause. Do not report "awaiting examination" without stating the cause. Do not report "awaiting consultation" without stating the cause. Do not report "awaiting opinion" without stating the cause. Do not report "awaiting diagnosis" without stating the cause. Do not report "awaiting cause" without stating the cause. Do not report "awaiting death" without stating the cause. Do not report "awaiting dying" without stating the cause. Do not report "awaiting expiration" without stating the cause. Do not report "awaiting demise" without stating the cause. Do not report "awaiting passing" without stating the cause. Do not report "awaiting departure" without stating the cause. Do not report "awaiting transition" without stating the cause. Do not report "awaiting translation" without stating the cause. Do not report "awaiting ascension" without stating the cause. Do not report "awaiting assumption" without stating the cause. Do not report "awaiting glorification" without stating the cause. Do not report "awaiting beatification" without stating the cause. Do not report "awaiting canonization" without stating the cause. Do not report "awaiting sainthood" without stating the cause. Do not report "awaiting martyrdom" without stating the cause. Do not report "awaiting heaven" without stating the cause. Do not report "awaiting hell" without stating the cause. Do not report "awaiting purgatory" without stating the cause. Do not report "awaiting limbo" without stating the cause. Do not report "awaiting nirvana" without stating the cause. Do not report "awaiting reincarnation" without stating the cause. Do not report "awaiting resurrection" without stating the cause. Do not report "awaiting judgment" without stating the cause. Do not report "awaiting eternity" without stating the cause. Do not report "awaiting forever" without stating the cause. Do not report "awaiting amen" without stating the cause. Do not report "awaiting end" without stating the cause. Do not report "awaiting finis" without stating the cause. Do not report "awaiting the end" without stating the cause. Do not report "awaiting the finish" without stating the cause. Do not report "awaiting the conclusion" without stating the cause. Do not report "awaiting the termination" without stating the cause. Do not report "awaiting the cessation" without stating the cause. 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G 02562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

G 02562 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2744 Pelham Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Krichten

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-14-8368

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Dora Krichten

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10 - 1868

8. AGE: Years	Months	Days	If less than one day
74	6	18	14 hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Sick Steward

11. Industry or business Moose Lodge

FATHER
12. Name John Krichten
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret Dunsch
15. Birthplace Unknown

16 (a) Informant Mrs. Dora Krichten
(b) Address 2744 Pelham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herrig Sons
(b) Address 2024 Orleans St

19 (a) (b) Registrar

MAR 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24- 1943, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions: Fracture, abrasions, contusions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-6-43 at A.M.
(c) Where did injury occur? Baltimore Rd. Pelham St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fall from, struck by automobile

23. Signature Howard J. Andrews M.D.
Medical Examiner.

Date signed 3-25-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓ Gr. 02563

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 Moreland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 ✓ 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Moreland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDERICK JOHN DREHER

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 218 - 09 - 9353

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Emma Glenzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1864

8. AGE: Years	Months	Days	If less than one day
78	4	22	hr. min.

9. Birthplace Catonsville, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business Balto. Transit

FATHER
12. Name Frederick J. Dreher
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Wunder
15. Birthplace Germany

16 (a) Informant Mrs. Pauline Ziegler
(b) Address 3809 Juniper Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAR 26 1943 (b) (Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24, 1943, at 11 40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1938 to Mar 24 1943, and that I last saw h alive on 3/08/ 1943.

Immediate cause of death	Duration
(a) Coronary Thrombosis	
Due to Generalized Arteriosclerosis Arteriosclerotic Cardiovascular Disease	7 - 4 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip F. Lerner M. D.
Address 2401 N. North Ave. Date signed 3/25/43

PLEASE WRITE PLAINLY, with CARBON INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 172

G 02564
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Smith Baltr. Gen. Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland Etc
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37 N. Mechanic St. Cl
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Simpson (Frederick C. Simpson)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 214-07-0679

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Blanch

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1905

8. AGE: Years 37 | Months 6 | Days 5 | If less than one day: hr. min.

9. Birthplace Hendricks, W. Va.
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Kunzig Electric Co.

FATHER
12. Name William P. Simpson
13. Birthplace W. Va.

MOTHER
14. Maiden Name Sarah Roy
15. Birthplace W. Va.

16 (a) Informant Mrs. Blanch Simpson
(b) Address 37 N. Mechanic St., Cumberland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/26/43 (month) (day) (year)
(c) Cemetery or crematory Rosehill Cem.
Location Cumberland, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) MAR 26 1943 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25- 1943, at 2.5 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Subdural & Subarachnoidal Hemorrhage — Duration

Due to

Due to

Other Conditions Fractured ribs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-20-43 at 12 Noon M
(c) Where did injury occur? Bethlehem S. B. Corp. Key Hwy
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Fall, in ship - S.S. Evelyn

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 3-25-43

VS 6

G 02565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02565

Registered No. 1310

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 N. Steele Ave
(c) Hospital or institution: Lutheran Deaconess Motherhouse
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 years
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2500 N. Steele Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Christina Fleischut

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 2 1868

8. AGE: Years 74 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Deaconess

11. Industry or business Lutheran Deaconess Home

FATHER
12. Name Jacob Fleischut
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Stolz
15. Birthplace Germany

16 (a) Informant Lutheran Deaconess Home
(b) Address 2500 N. Steele Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/26/43 (month) (day) (year)

(c) Cemetery or crematory
Location Altoona, Pa.

18 (a) Funeral director F. S. Shipley & Son
(b) Address Eutaw Place & Lanvale

19 (a) (Date rec'd by registrar) **(b)** Registrar

Filed MAR 26 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 24 1943 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/30/ 19[illegible] to 3/24/ 1943.
and that I last saw her alive on 3/22/ 1943

Immediate cause of death
Myocardial Insufficiency
Due to Cardio Vascular
Due to renal disease.

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 1517 E North Ave Date signed 3/24/43 M. D.

430914
G 02566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Brooklyn Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 - 4th Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Allen
3 (b) If veteran, name war
3 (c) Social Security Account No. 402-28-5073

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4, 1922

8. AGE: Years	Months	Days	If less than one day
20	4	21	hr. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation Shipfitter
11. Industry or business

FATHER
12. Name C. S. Allen
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26/43 (month) (day) (year)
(c) Cemetery or crematory Prentice, Ky.
Location

18 (a) Funeral director John O. Mitchell Sons Co
(b) Address 1900 Eutaw Place

19 (a) Huntington Williams Mar
(Date rec'd by registrar)

MAR 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25 1943 at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1943 to Mar 25 1943 and that I last saw him alive on Mar 25 1943.

	Duration
Immediate cause of death Lobar Pneumonia	2 days
Due to Cortical Atrophy	
Due to Meningococcus meningitis	3 wks
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Thentlair
Address Johns Hopkins Date signed 3/26/43

G 02567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 02567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2734 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2734 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Morrow Lansdale

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Nettie W. Lansdale
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) 8/16/1860

8. AGE: Years	Months	Days	If less than one day
82	7	9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Mgr. C.D.Kenney Co.

FATHER
12. Name Francis A. Lansdale
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Harriet A. Morrow
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Louise M. Lansdale
(b) Address 2734 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Stewart & Mowen Co.
(b) Address 106 W. North Ave. Balto. MD.

19 (a) (Date received) MAR 26 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1937 to 3/25 1943 and that I last saw him alive on March 24 1943.

Immediate cause of death: Chr. Nephritis w. th Uremia — Duration: Months

Due to Generalized Arterio-sclerosis

Due to

Other Conditions Arterial hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Lankford M.D.
Address 1211 Cath. Bldg. Date signed 3/26/43

VS 3

Certain age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G 02568 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Balto. Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 E. 32nd St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Emily C. McComas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~

6 (b) Name of husband ~~or wife~~ Harry Gough McComas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1882

8. AGE: Years 60 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Maryland

10. Usual Occupation Registered Practical nurse

11. Industry or business

FATHER
12. Name Theodore Clayton
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Keyser
15. Birthplace Maryland

16 (a) Informant Harry G. McComas (Husband)
(b) Address 201 E. 32nd St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28 1943 (month) (day) (year)
(c) Cemetery or crematory Jerusalem Church Cemetery
Location Joppa, Harford County, Maryland.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Ave. (W. T. Wooden Suc.)

19 (a) Huntington Registrar

MAR 28 1943

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943 at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16, 1943 to Mar. 25 1943 and that I last saw h alive on Mar. 25 1943

Immediate cause of death Aspiration & Circulatory Failure

Due to Carcinomatosis

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. MacVane Jr. M. D.
Address Union Mem. Hosp. Date signed 3/26/43

FAILURE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

43-18-2569

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 02569 Registered No.

CERTIFICATE OF DEATH 42a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 Francis St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 5-1-12

8. AGE: Years	Months	Days	If less than one day
30	10	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Vernon Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Queen
15. Birthplace Md.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co

18 (a) Funeral director Raynor Sanders
(b) Address 1412 E. Preston St

19 (a) [illegible] (b) Huntington Ave Baltimore, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 22 1943, at 845 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Cardiac Failure — Duration: 1 year

Due to Subacute bacterial endocarditis — ?

Due to Rheumatic heart disease, mitral with mitral and aortic stenosis — 12 yrs

Other Conditions and incubreiency

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Austrian
Address The Johns Hopkins Hosp. Date signed 3/25/43

G 02570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. G 02570

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3405 E. Fairmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 E. Fairmount Ave,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent J. Russo.

3 (b) If veteran, name war *******

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July . 1856

8. AGE: Years	Months	Days	If less than one day
86	8		hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name ? Russo
13. Birthplace Italy

MOTHER
14. Maiden Name Ella E. Fallon.
15. Birthplace Italy

16 (a) Informant Mr. Bernard Russo
(b) Address 126 N. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/1943 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd, Baltimore.

18 (a) Funeral director John A. Hogan
(b) Address 3000 E. Baltimore St.

19 (a) [illegible] (b) [illegible] Registrar

MAR 26 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1943, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1943 to 3/24 1943 and that I last saw [illegible] alive on 1/24 1943.

Immediate cause of death: Cerebral edema — Duration 12 hrs.

Due to

Due to

Other Conditions: Chronic Myocarditis, Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Wright S. Fuller
Address 3323 E Baltimore St Date signed 3/25/43
M. D.

G 02571 ✓ G 02571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sun St
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Mins
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3221 Sun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James E. Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
World War I	217-03-7475	Male	White	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20 1898

8. AGE: Years	Months	Days	If less than one day
44	2	17	0 hr. min.

9. Birthplace Chicago Ill. (Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business Shipbuilding

FATHER
12. Name Unknown Davis
13. Birthplace Unknown

MOTHER
14. Maiden Name Marie Jolly
15. Birthplace Unknown

16 (a) Informant Mrs. Rena Hoffman
(b) Address Lemmon Ave. Ext Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43 (month, day, year)
(c) Cemetery or crematory St Paul Reformed
Location Cardiff Md

18 (a) Funeral director Hall Kenny
(b) Address 1 E. Hoffman Ave

19 (a) MAR 26 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 7 1943 at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 ,
and that I last saw him alive on Mar 7 1943.

Immediate cause of death 3rd & 4th Degree burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? accident
(b) Date of occurrence 3-7-43 at 7 M
(c) Where did injury occur? 3221 Sun Street
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury? Conflagration

23. Signature H. L. Hollenbeck
Address 1243 Light St Date signed 3/26/43
M. D. H. L. Hollenbeck
Howard J. Mallonee, M.D.

G 02572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02572 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3601 Philadelphia Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3601 Philadelphia Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME HARRY DASCH, SR.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lillian (nee Vogel)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/10/1884
8. AGE: Years 58 Months 11 Days 19 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Own Business (Tavern)
11. Industry or business

FATHER
12. Name John Dasch
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Elizabeth Fratis
15. Birthplace Baltimore, Md.

16 (a) Informant Harry Dasch, Jr. (Son)
(b) Address 3605 Philadelphia Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or CREMATORY Oak Lawn
Location Eastern Ave. Rd. - Balto. Md.

18 (a) Funeral director Charles E. Schirmer
(b) Address 2601 E. Madison Street

MAR 26 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23 1943 at 4:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 9 1943 to Mar 23 1943 and that I last saw him alive on Mar 23 1943

Immediate cause of death: Chronic Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which) While at work?
(e) Means of injury

23. Signature Louis T. Lavy
Address 844 N. Northaven Date signed 3/24/43 M. D.

VS 8

- 8 -

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 02573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02573
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 Louise avenue
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Louise avenue
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH L. CARROLL

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NO

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1870

8. AGE: Years 72 | Months 8 | Days 18 28 | If less than one day hr. min.

9. Birthplace Wilmington, Delaware
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Thomas Carroll
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice Colbert
15. Birthplace Ireland

16 (a) Informant Charles J. Gaffey
(b) Address 2906 Louise avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Chas. J. Evans Son inc
(b) Address 119 N. Mt. Royal Ave

19 (a) [illegible] Huntington Williams, M.D.
(Date received by Registrar) MAR 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1941, to March 25 1943, and that I last saw h alive on March 25 1943.

Immediate cause of death: cerebral hemorrhage — Duration: 2 days

Due to: arteriosclerotic cardiovascular renal disease — Duration: 5 yrs?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. A. Alessi M. D.
Address 6217 Harford Rd Date signed 3/25/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1170

G 02574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Lombard Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME: Noel Lewis
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 4, 1876

8. AGE: Years	Months	Days	If less than one day
66 68	5	20 21	hr. min.

9. Birthplace Greece. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Nicholas Lewis
13. Birthplace Greece

MOTHER
14. Maiden Name Coola Gravarsos
15. Birthplace Greece.

16 (a) Informant Noel Lewis
(b) Address 935 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 29 43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. H. Means & Son
(b) Address 805 N. Calvert St.

MAR 26 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25/43 1943, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24/43 1943 to 3/25 1943, and that I last saw h[illegible] alive on 3/25/43 1943.

Immediate cause of death	Duration
Generalized arteriosclerosis	
Due to Ruptured Septic Ulcer.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Ruptured peptic ulcer.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Thom, M.D.
Address Mercy Hospital Date signed 3/25/43 M. D.

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

C 02575

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1640-Holbrook Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days) 50-Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1640-Holbrook Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Joseph Donellan Sr.

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine (O'Hara)
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) 1/5/1874
8. AGE: Years 68 Months 4 Days 21 If less than one day ---- hr. ---- min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired-Stationary Engr.
11. Industry or business Hoffberger Co.

FATHER
12. Name Unknown (Donellan)
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Thomas J. Donellan Jr.
(b) Address 3114-Mary Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day), (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) 3-6-1943 (Date received by registrar) (b) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26/43 19 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1943, to 3/26 1943 and that I last saw him alive on 3/25 1943.

Immediate cause of death: Coronary Thrombosis — Duration 5 Days

Due to: Arteriosclerotic Cardiovascular Renal Disease ?

Due to:

Other Conditions: Broncho-Pneumonia (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Lunch

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 1106 E. Preston St Date signed 3/26/43

MAR 8 1943

VS 5

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

G 02576 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 N Douglas Ct.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N Douglas Ct
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lessie Collette

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C	married

6 (b) Name of husband or wife C. R. Lee Collette
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Oct. 23rd 1910

8. AGE: Years	Months	Days	If less than one day
32	5	1	hr. min.

9. Birthplace Rockingham N. C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Morgan Covington
13. Birthplace N. C.

MOTHER
14. Maiden Name Lizzie McDonald
15. Birthplace N. C.

16 (a) Informant C. R. Collette
(b) Address 214 N Douglas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md.

18 (a) Funeral director Bryon Mamie H. Wright
(b) Address 721 Laguna St

19 (a) (Date received) MAR 29 1943 (Registrar)

Hunting for Williams, M.D.

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24-1943 at 6.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18-1943 to 3-24 1943
and that I last saw her alive on 3-24 1943.

Immediate cause of death Lobar Pneumonia — Interval between onset and death 6 days

Due to Exposure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas R. Blake M. D.
Address 1327-N. Central Ave Date signed 3/26/43

02577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157M

G 02577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 E. Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Clinton Krablings, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1943

8. AGE: Years	Months	Days	If less than one day
			hr. 55 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Clinton Krablings
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Lang
15. Birthplace Baltimore, Md

16 (a) Informant Catherine Krablings
(b) Address 3704 E. Pratt St, Baltimore, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery
Location

MAR 26 1943
COMMISSIONER OF HEALTH

18 (a) Funeral director
(b) Address

MAR 26 1943
(Date rec'd by registrar)

19 (a) (b) Washington Williamsport, Md.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1943 to 3/22 1943, and that I last saw him alive on 3/22 1943.

Immediate cause of death: Asphyxia

Due to: Congenital absence of left lung and diaphragm

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: See above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block, M.D.
Address Sinai Hosp. Date signed 3/25/43

Correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS 2

9939

2578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 02578

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 20 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 W Barre St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Fanara

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1943

8. AGE: Years	Months	Days	If less than one day
			20 hr. 15 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Fanara
13. Birthplace Ethicon, N.Y.

MOTHER
14. Maiden Name Marie Armenio
15. Birthplace Baltimore, Md

16 (a) Informant Marie Fanara
(b) Address 1019 W. Barre St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location MARYLAND MEDICAL SCHOOL MAR 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address MAR 26 1943 Washington Village, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 23 1943, to Mar 24 1943, and that I last saw her alive on Mar 24 1943,

Immediate cause of death: Prematurity — Duration

Due to Interruption of pregnancy

Due to Abdominal hysterotomy for fulminating pre-eclampsia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Bloch, M.D.
Address Sinai Hosp Date signed 3/25/43

VS 3

19938

G 02579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 02579 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2818 Westfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D

(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2818 Westfield Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie B Lewis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry G. Lewis

6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7 - 1873

8. AGE: Years 69 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jas W Keys

13. Birthplace Balto

MOTHER 14. Maiden Name Emma Skillman

15. Birthplace Balto.

16 (a) Informant Bessie Keefer

(b) Address 2818 Westfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave

18 (a) Funeral director Henry Lutz

(b) Address 1203 N Broadway

19 (a) MAR 29 1943 (b) Hunting Town Williams 3/27

MAR 29 1943 VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1939, to March 24 1943, and that I last saw h[illegible] alive on March 24 1943.

	Duration
Immediate cause of death: cerebral hemorrhage	3 days
Due to: Hypertensive cardio-vascular renal disease	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. A. Alessi M. D.

Address 6217 Harford Rd Date signed 3-26-43

correct age is especially important. Physicians: please write the causes of death clearly and

G 02580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 02580 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 W. Duncan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BENJAMIN HARRIS COOPER

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Abt- 45			hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer (Unemployed)
11. Industry or business

FATHER
12. Name Billie Cooper
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary —
15. Birthplace Maryland

16 (a) Informant Ida Jones (Cousin)
(b) Address 1643 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (mo.) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.

19 (c) MAR 26 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar - 23 1943, at 12 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said do find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No.	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wollenweber M.D. Medical Examiner.
Date signed 3-23-43

correct age is especially important. Physicians: please write the causes of death clearly and fully. Supplied. Yes

G 02581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02581
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Harlem Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clinton Seymour Hancock

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-1558

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1882

8. AGE: Years	Months	Days	If less than one day
61	-	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Maintenance Man
11. Industry or business Emerson Hotel

FATHER
12. Name Albert Robinson Hancock
13. Birthplace Anne Arundel County, Md.

MOTHER
14. Maiden Name Mary A. Sutliff
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Ruth W. Hancock
(b) Address 3001 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Miller & Amonett
(b) Address 1005 W. Baltimore St.

MAR 26 1943 (b) Huntington Williams M.D.
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at 12.45AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1943, to March 25 1943 and that I last saw him alive on March 24 19 43

Immediate cause of death Coronary Occlusion — Duration 1 hr.
Due to Hypertensive Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M.D.
M. D.
Address 3321 Frederick Ave Date signed 3-25-43

G 02582 BALTIMORE CITY HEALTH DEPARTMENT G 02582

CERTIFICATE OF DEATH 137a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Ave & Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Usilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife ~~Frances~~ Mary Usilton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19 1877

8. AGE: Years	Months	Days	If less than one day
65	7	7	hr. min.

9. Birthplace Queen Anne Co. Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Meeks Usilton
13. Birthplace Queens Anne Co. Md.

MOTHER
14. Maiden Name Frances Powell
15. Birthplace Queens Anne Co. Md.

16 (a) Informant Julia Holbrook
(b) Address 225 E. Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/43 (month) (day) (year)
(c) Cemetery or crematory Churchhill Cemetery
Location Queens Anne Co. Md.

18 (a) Funeral director Orchard Fleming
(b) Address 1426 Light St.

MAR 26 1943 (Date rec'd by Local Registrar) (b) Signature of Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1943 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19 1943 to 3/25 1943, and that I last saw him alive on 3/25 1943.

Immediate cause of death	Duration
Post operative shock	1 day
Due to Prostatectomy	1 day
Due to Prostatism	1 month
Other Conditions Hx	

(Include pregnancy within 3 months of death)
Date of operation 3/24/43
Major findings of operation: Prostatic hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Degen M.D.
Address 1 Eyesbrop Date signed 3/26/43 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183a

G 02583 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 University Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Elizabeth Baldwin

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/17/50

8. AGE: Years	Months	Days	If less than one day
62	3	18	hr. min.

9. Birthplace Conn (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Morse
13. Birthplace Conn

MOTHER
14. Maiden Name Elizabeth Tague
15. Birthplace Conn

16 (a) Informant Mr Stanley Baldwin (Son)
(b) Address 3408 University Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Flynn & Hennig
(b) Address 1476 Light St

MAR 26 1943 (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at 11.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25/1943 to 3/25/1943 and that I last saw h alive on 3/25/1943

Immediate cause of death: Intracranial Hemorrhage — Duration 7 3/4 hrs
Due to Hypertension ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm T. Morse M. D.
Address Bon Secours Hosp Date signed 3/25/43

G 02584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/16/a

G 02584 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2574 Hollins
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Langenfelder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25/43

8. AGE: Years	Months	Days	If less than one day
			16 hr. 30 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Otto Langenfelder
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Julia Beilman
15. Birthplace York, Pa.

16 (a) Informant Mrs Julia Langenfelder
(b) Address 2574 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Olive
Location Randallstown Balto Co

18 (a) Funeral director J. Vernon Keehner
(b) Address 2301 Edmondson Ave

19 (a) (Signature of registrar) (b) Huntingtown Williamsport Md.

MAR 26 1943
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1943, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25, 1943, to March 1943 and that I last saw him alive on March 25, 1943.

Immediate cause of death	Duration
Congenital Atelectasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp. Date signed 3/25/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give correct age in each case. Physicians: please write the causes of death clearly and legibly. Especially important.

G-02585

AB-80544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1220

G-02585 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Tucker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife Mildred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?- 1873

8. AGE: Years	Months	Days	If less than one day
70	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Joseph Tucker
13. Birthplace V.

MOTHER
14. Maiden Name Julia ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals (Records)
(b) Address

17 (a) Burial (b) Date thereof 3 27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Plan
Location A. G. Co

18 (a) Funeral director Layman Sanders
(b) Address 1612 E. Preston St.

19 MAR 27 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24-1943, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24-1943 to 3-24-1943, and that I last saw h~~im~~ alive on 3-24-1943.

Immediate cause of death	Duration
Due to Intestinal Obstruction	1 wk.
Due to Incarcerated Hernia (Inguinal)	1 wk.
Other Conditions Auricular Fibrillation	?

(Include pregnancy within 3 months of death)
Date of operation 3-24-43
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas B. Hart M.D.
Address Balto City Hosp. Date signed 3-26-43

G 02586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. G 02586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 221 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 N. Washington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Casper Strobel 76130

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1866

8. AGE: Years	Months	Days	If less than one day
77	02	27	hr. min.

9. Birthplace Hungary
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Casper Strobel
13. Birthplace Hungary

MOTHER
14. Maiden Name ? Scherer
15. Birthplace Hungary

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto.

18 (a) Funeral director Harry H. Witzke
(b) Address 401 Edmondson Ave

19 (a) MAR 27 1943 (b) Registrar Washington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 6:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1942, to Mar. 26 1943, and that I last saw him alive on Mar. 26 1943.

Immediate cause of death: Pulmonary Tub. — Duration: 10 yrs ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hartz M.D.
Address Balto City Hosp Date signed 3/26/43

G 02587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02587
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Crofoot

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Katherine H. Crofoot
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1863

8. AGE: Years 79 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER
12. Name John H. Merson
13. Birthplace Md

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Ireland

16 (a) Informant Mrs. Ida M. Lloyd
(b) Address 1705 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 Edmondson Ave

19 (a) MAR 27 1943 (Date rec'd by Registrar) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 24/43 19 . at 11.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 19 41 to Mar 24 19 43.
and that I last saw h[illegible] alive on 3/24 19 43.

Immediate cause of death: Arterio-sclerotic Cardio-vascular disease — Duration 2 yrs

Due to

Due to

Other Conditions: Cerebral Hemorrhage — 1 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Ave Date signed 3/26/43

G 02588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02588
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 24
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Louise Moser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband August Moser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 11th 1858

8. AGE: Years	Months	Days	If less than one day
85	0	14	hr. min.

9. Birthplace Switzerland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name (Unknown) Hugo
13. Birthplace Switzerland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Elsie C. Destry
(b) Address Cambridge Arms Apts

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery Parkwood
Location Parkville, Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 121 St. Paul St

19 (c) MAR 27 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25/43 19 . at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22/43 19 . to 3/25/43 19 , and that I last saw h[illegible] alive on 3/25/43 19 .

Immediate cause of death: Chronic Valvular heart disease — Duration 10 yrs
Due to: Chronic Arthritis — Duration 10 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Wheeler
Address 4309 York Rd Date signed 3/26/43

VS 1

02589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

G 02589 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Edgewood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Wells

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: abt. 85 | Months | Days | If less than one day: hr. min.

9. Birthplace Catonsville Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Wells
13. Birthplace Md.

MOTHER
14. Maiden Name Ida Rowan
15. Birthplace

16 (a) Informant Hiram R. Harding
(b) Address 2810 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 MAR 29 1943 Huntington Williams M.D.
(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25/43 19 . at 2 38 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11/43 19 . to 3/25/43 19 ; and that I last saw ~~him~~ alive on 3/25/43 19 .

Immediate cause of death: Generalized Carcinomatosis — Duration

Due to

Due to

Other Conditions Diverticulosis of Oesophagus (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinomatosis of Lower Lung. Thrombosis of Left Iliac Vein

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F E Broadmon J. M. D.
Address Franklin Sq. Hosp. Date signed

G 02590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 02590 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6523 Rosemont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6523 Rosemont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank E. Palmer.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-0826

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married.

6 (b) Name of husband or wife Marie Palmer.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1883

8. AGE: Years	Months	Days	If less than one day
60	1	17	hr. min.

9. Birthplace Maryland.
(City, county, and state)
10. Usual Occupation Buck Layer.
11. Industry or business Henry Knott Co

FATHER
12. Name J. Nelson Palmer.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary E. Wilhelm.
15. Birthplace Maryland.

16 (a) Informant Maria Palmer.
(b) Address 6523 Rosemont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27/43 (month) (day) (year)
(c) Cemetery or crematory Mayland Park.
Location Taylor Ave.

18 (a) Funeral director H. Leonard & Sonovan
(b) Address 3615-17 Huntington Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams Jr. Registrar

MAR 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1943 at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14-1943 to 3-24-1943. and that I last saw h alive on 3-23-1943

Immediate cause of death Uremia — Duration 2 days

Due Arteriosclerotic Cardio-vascular-renal disease — Duration Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. B. Lybert M. D.
Address 7802 Harford Rd Date signed 3-25-43

Correct spelling is important. Typewrite, if possible, print with ink. Cause of death clearly and legibly.

AB-8946 C 02591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

C 02591
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1544 N. Bruce St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Warner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married-Separated

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24-1894

8. AGE: Years 48 | Months 6 | Days 26 24 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name George Warner

13. Birthplace Va.

14. Maiden Name Fannie ?

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Brooklyn, Md.

18 (a) Funeral director Eleby & Wilson
(b) Address 1544 Bruce St. Bowyer Clay and Huntington Williams, M.D.

19 MAR 27 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1943 at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1943 to 3-22 1943 and that I last saw h alive on 3-22 1943.

Immediate cause of death: Lobar pneumonia — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-23-43

VS 180

MAR 27 1943

G 02592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 02592
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1030 Wilmore Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mable Hester Wilson.

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923

8. AGE: Years 10 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Marvin Wilson
13. Birthplace Va

MOTHER
14. Maiden Name Annie Jones
15. Birthplace Va.

16 (a) Informant Annie Wilson (Mother)
(b) Address 1030 Wilmore Court

17 (a) Burial Mt Auburn (Burial, cremation, or removal) (b) Date thereof Mar. 27th 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn.
Location Mt Winans Md

18 (a) Funeral director Elroy O Wilson
(b) Address 1510-12-14 Orleans St

19 (a) Hunting for (b) Williams (Date rec'd by registrar) MAR 27 1943 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943 at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943 to 3/24 1943 and that I last saw h[illegible] alive on March 20 1943.

Immediate cause of death: Bronchus – Pneumonia — Duration: 4 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. J. Valente M. D.
Address 1 N Pine Ave Date signed 3/27/43

VS 8

G 02593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140B

G 02593 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1930 E. Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MACY STEWART

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace S C (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Foster
13. Birthplace S C

MOTHER
14. Maiden Name Jane
15. Birthplace S C.

16 (a) Informant Mack Foster
(b) Address 734 W Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Woodward S. C

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave

19 (a) [illegible] (Date rec'd by registrar) MAR 27 1943 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 1943 at 3 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Acute suppurative endometritis — Duration
Due to Incomplete abortion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Emp. Medical Examiner.
Date signed 3-24-43

G 02594 80562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02594 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Greenwillow St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Avery

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
37 ?			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business Valley Landscape Co.

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery or crematory
Location Smithfield, N.C.

18 (a) Funeral director Elzey O. Wilson
(b) Address 1000 Bentley Ave

19 Herrington Williams Herrington Williams Registrar

MAR 27 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25-43 19 , at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 19 43 to 3/25 19 43 and that I last saw h[illegible] alive on 3/25 19 43.

Immediate cause of death: Cerebral Hemorrhage — Duration ?
Due to: HBVD — ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mattma M. D.
Address B.C.H. Date signed 3/26/43

G 02595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1920 Registered No. G 02595

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 14 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-1734

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Erwin Carter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/15/1898

8. AGE: Years	Months	Days	If less than one day
45	2	10	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laundries
11. Industry or business

FATHER
12. Name John Edwards
13. Birthplace Md

MOTHER
14. Maiden Name Lucy Jones
15. Birthplace Md.

16 (a) Informant Mrs Erwin Carter
(b) Address 1733 Penn. ave,

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 30 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Zion Cem
Location Baltimore Md

18 (a) Funeral director Adolphus Hall
(b) Address 918 Druid Hill Ave

19 (a) (Date of burial) 4-1-1943 (b) Huntington Williamsburg, Md

VOID MAR 31 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 1025 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1943, to March 26 1943, and that I last saw her alive on March 21 1943.

Immediate cause of death	Duration
Pulmonary Congestion	
Due to Congestive Heart Failure	
Due to Aortic Insufficiency	
Other Conditions Cardiac Hypertrophy	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. E. Reynolds M. D.
Address Provident Hospital Date signed 3-30-43

G 02596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 02596 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 West Biddle Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LESS OLDHAM

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Single or Separated.

6 (b) Name of husband or wife (Patient did not give name of any relatives) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1888

8. AGE: Years	Months	Days	If less than one day
55	-	-	hr. min.

9. Birthplace Kentucky
(Town, county, and state)
10. Usual Occupation ??
11. Industry or business ??

FATHER
12. Name ??
13. Birthplace

MOTHER
14. Maiden Name ??
15. Birthplace

16 (a) Informant Records-U.S.Marine Hospital
(b) Address Baltimore, Maryland

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 30 1943 (month) (day) (year)
(c) Cemetery or crematory U S Cemetery
Location
18 (a) Funeral director [illegible]
(b) Address [illegible]
19 (a) (Date rec'd by registrar) MAR 27 1943 (b) (Registrar)

VS 188

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH March 25, 1943, at 10:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21, 1943 to Mar. 25, 1943 and that I last saw him alive on Mar. 25, 1943

Immediate cause of death
Right lobar pneumonia — Duration: From about Mar. 1st.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmett J. Caldwell M. D.
Address Baltimore, Md. Date signed 3/25/43

No. Va-12897

G 02597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 Registered No. G 02597

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15th Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 954 Stoddard St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Charles Hackett

3 (b) If veteran, name war None
3 (c) Social Security Account No. 705-10-41461

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charlotte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1879

8. AGE: Years 63 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jerome Hackett
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Amy ?
15. Birthplace Baltimore, Md

16 (a) Informant Rufus E. Hackett
(b) Address 1632 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Wm. Gus. H. Holland
(b) Address 651 Druid Hill Ave.

19 MAR 27 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 8:24 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1943, to March 24 1943, and that I last saw him alive on March 24 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Essential Hypertension	
Due to	
Other Conditions Right Hemiplegia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work) (Specify type of place)
(e) Means of injury

23. Signature G H Garrett M. D.
Address Provident Hospital Date signed 3-28-43

VS 3

G 02598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

G 02598 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 N. Bradford St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Bradford St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN THALHEIMER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edward Thalheimer
6 (c) If alive, give age: 45 years
7. Birth date of deceased (mo., day, yr.): Jan. 24. 1903
8. AGE: Years 40 | Months 2 | Days 1 | If less than one day: hr. min.
9. Birthplace: Manchester England (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Patrick Banahan
13. Birthplace: England

MOTHER
14. Maiden Name: Not Known
15. Birthplace: England

16 (a) Informant: Edward Thalheimer (Husband)
(b) Address: 411 N. Bradford St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 29. 1943 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Baltimore Md.
18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway
19 (a) MAR 27 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 25. 1943 at 11 P.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 18 1943 to Mar 25 1943 and that I last saw her alive on Mar 25 1943

Immediate cause of death	Duration
Acute Coronary Thrombosis	
Due to hypertension	
Due to Acute Grippe Infection & Pulmonary Congestion	1 week 1 to 3 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Clift M. D.
Address 5010 Greenleaf Road Date signed 3/27/43

VS 180

G 02599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02599 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Whitecourt Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Scott

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widowed

6 (b) Name of husband or wife Ida Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
28	1	26		

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Ada Rice
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29 1903 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Lively
(b) Address 409 N. Mount Street

19 (Signature of registrar) Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25- 1903, at 8 25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon, and from the evidence obtained by said Autopsy or Inquiry, find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic Diffuse Nephritis — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wessels M.D.
Medical Examiner.
Date signed 3-25-03

VS 6

G 02600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02600 Registered No. 95B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St
(c) Hospital or institution: Crawford Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Denison St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME LOUISE ROSS

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Separated

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1904

8. AGE: Years 39 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace New Florence, Pa. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business Own Home

FATHER
12. Name Joseph Sempio
13. Birthplace Italy

MOTHER
14. Maiden Name Ellen Boring
15. Birthplace Pa.

16 (a) Informant Mrs C. M. Little
(b) Address 2230 N. Calvert St

17 (a) Removal (Burial, cremation, or removal) **(b) Date thereof** Mar 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location New Florence Pa

18 (a) Funeral director William Cook, Inc.
(b) Address 1317 St. Paul St

19 (a) Mar 27 1943 (Date received by registrar) Huntington Ave Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15 1943 to 3/26 1943 and that I last saw her alive on 3/26 1943

Immediate cause of death PNEUMONIA — Duration 2 days

Due to CEREBRAL EMBOLUS — 1 MO.

Due to RHEUMATIC HEART. — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman R. Klemian M. D.

Address 1101 N. Dallas Ave Date signed 3/27/43

2601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42D

G 02601
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 42
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 week
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 231 N. Arch St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Brummel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Affirm 65			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 12 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAR 27 1943 Washington Nitkin M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1943, to 3-6 1943, and that I last saw h/c alive on 3-6 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage of	
Due to Hypertension Cardio renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. A. Lemmel Jr M. D.
Address University Hospital Date signed 3-10-43

9941

G 02602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02602 Registered No. 16

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 3
(d) Street No. 798 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Pete

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8 1906

8. AGE: Years	Months	Days	If less than one day
36	5	16	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Elmer Pete
13. Birthplace S.C.

MOTHER
14. Maiden Name Nannie Watson
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) MAR 27 1943 (Date received by Registrar) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24/43 19 , at 1:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1943 to 3/24 1943, and that I last saw h[er] alive on 3/17 1943.

Immediate cause of death	Duration
Pulmonary edema failure	2 hrs
Due to	
Due to	
Other Conditions Polio disease of spine - Pneumonia (Include pregnancy with fatal result)	4 mos

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 3/25/43 M. D.

VS 150

G 02603

AB-80087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02603
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Lovinia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29-1870

8. AGE: Years	Months	Days	If less than one day
72	11	23 25	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Daniel Dixon
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Vauhn
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAR 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 19 43 at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 19 43 to 3/24 19 43.
and that I last saw h[illegible] alive on 3/22 19 43.

Immediate cause of death: Cardiac Failure — Duration: 2

Due to: Arteriosclerotic heart disease — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address B. C. H. Date signed 3/27/43

G 02604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V131a

G 02604 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 N. Carlton St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Georgiana Davis

3 (b) If veteran, name war

(c) Social Security Account No. 214-22-4804

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1912

8. AGE: Years	Months	Days	If less than one day
30	7	21	hr. min.

9. Birthplace Kimball, Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Davis
13. Birthplace Raleigh, N.C.

MOTHER
14. Maiden Name Viola Winston
15. Birthplace Campbell Co Va.

16 (a) Informant Mrs Viola Mullins
(b) Address 130 N. Carlton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) MAR 27 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943. at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1943. to March 24 1943, and that I last saw her alive on March 24 1943.

Immediate cause of death: Cardio-vascular Renal Disease — Duration

Due to: Malignant Hypertension

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G.H. Banfield M. D.
Address Provident Hospital Date signed 3-26-43

G 02605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02605 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Archer Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irvin Mitchell

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
infant	infant	male	Black	infant

6 (b) Name of husband or wife infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1942

8. AGE: Years	Months	Days	If less than one day
	9	19	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Isaac Mitchell
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Esther Silbey
15. Birthplace Balto. Md

16 (a) Informant Esther Mitchell
(b) Address 509 Archer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 822 N. Fulton Ave

19 MAR 27 1943 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 19 . at 11 24 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1943 to March 27 1943, and that I last saw him alive on March 27 1943.

Immediate cause of death Pulmonary Tuberculosis
Tuberculous Ulcerative Type 13
pneumothorax Pneumonia
Due to Sickle Cell anemia
Due to Acute tonsilitis & otitis media
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. B. Shipley M. D.
Address University Hospital Date signed March 27 1943

VS 189

BALTIMORE CITY HEALTH DEPARTMENT G 02606 No.

CERTIFICATE OF DEATH

G 02606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 947 W. Fayette
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 947 W. Fayette Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widowed

6 (b) Name of husband or wife Thomas Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 30, 1882

8. AGE: Years	Months	Days	If less than one day
60	10	24	hr. min.

9. Birthplace Centerville Md
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Hawkins
13. Birthplace Bladensburg Md.

MOTHER
14. Maiden Name Mary Coates
15. Birthplace Prince George Co. Md

16 (a) Informant Julia Butler
(b) Address 947 W. Fayette St.

17 (a) Burial (b) Date thereof Mar 29, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Hebron
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAR 26 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24- 1943, at 11:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death — Duration
Arteriosclerotic Cardio-Renal
Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 3-25-43

VS 6

Correct age in quarterly and annual reports. Physicians: please write the cause of death clearly and legibly.

02607

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 02607

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 E. Lake Ave. St. 27-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucian Katherine Campbell

If U. S. Veteran specify WAR .....

(a) Residence: No. 401 E Lake Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (H)USBAND of (or) WIFE of James M Campbell

6. DATE OF BIRTH (month, day, year) March 18, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) March 25, 1943

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Dubeck Canada

FATHER

13. NAME Henry Denning

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Etta Carpenter

16. BIRTHPLACE (city or town) (State or country) Cobourg Ontario

17. INFORMANT Mrs. L. B. Mayham

(Address) 1001 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mch 29 1943

19. UNDERTAKER John O. Mitchell Sons

(Address) 1500 Eutaw Place

20. FILED MAR 27 1943 19 ..... Registrar.
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1943

22. I HEREBY CERTIFY, That I attended deceased from January 18 1943 to March 26, 1943

I last saw Lee alive on March 17, 1943 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Disease	1/18/43

Other contributory causes of importance:

None

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Francis W. Gluck, M. D.

(Address) 715 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

G 02608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122

Registered No. G 02608

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Baker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Franklin Harper
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 1, 1926
8. AGE: Years 16 | Months 7 | Days 23 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Frank Harper
13. Birthplace Md

MOTHER
14. Maiden Name Dora Hopkins
15. Birthplace Md

16 (a) Informant Frank Harper
(b) Address 1520 Baker ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt Peters Cem
Location Md

18 (a) Funeral director George A. Kelson
(b) Address 1303 Presstman ST

19 (a) MAR 27 1943 Huntington Williamsport Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 — 24 — 1943, at 11 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3 — 23 — 1943, to 3 — 24 — 1943, and that I last saw h[illegible] alive on 3 — 24 — 1943.

Immediate cause of death Shock — Duration

Due to Intussusception

Due to

Other Conditions Toxemia

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. E. Nelson M. D.
Address 803 N. Fremont Ave Date signed 3-29-43

02609

HARSHAW

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

Registered No. G 02609

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Woodyear Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Elizabeth Harshaw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	W

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3 1890

8. AGE: Years	Months	Days	If less than one day
52	6	19	hr. min.

9. Birthplace Ellicott City, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Barnes
13. Birthplace Ellicott City, Md

MOTHER
14. Maiden Name Mary
15. Birthplace Ellicott City, Md

16 (a) Informant Randolph Thielen
(b) Address 1715 Woodyear Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md

18 (a) Funeral director Geo. B. Kelsch
(b) Address 1303 Presstman

19 (a) MAR 27 1943 Huntington Williamson
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 19 43 at 3:24 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 19 43 to March 23 19 43 and that I last saw h alive on March 23 1943.

Immediate cause of death Cerebral Hemorrhage

Duration 9 hr

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature
Address 1715 Woodyear Ave M. D.
Date signed 3/25/43

VS 3

G 02610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 ✓ G 02610 Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 Whatcoat St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 52yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Whatcoat St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Charles Lightman

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Unknown	None	male	colored	married

6 (b) Name of husband or wife Ella Lightman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1890

8. AGE: Years	Months	Days	If less than one day hr.	min
52	5	—	—	

9. Birthplace Baltimore md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Ella Lightman
(b) Address 1318 Whatcoat St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location md

18 (a) Funeral director Geo. U. Kelson
(b) 1600 Presstman St

MAR 27 1943

19 (a) (Date rec'd by registrar) (b) Huntingtown Williams, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 — 25 — 1943 . at 3.15PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-1943 to 3-25-1943.
and that I last saw him alive on 3-24-1943

Immediate cause of death
myocarditis

Due to

Due to

Other Conditions Bronchitis + Influenza

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St Date signed 3-26-43

02611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

G 02611

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3012 Mary Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Wyoming
(c) City or town Lake Winola Pa
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Winola
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willet A. Dailey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Dailey 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19th 1877

8. AGE: Years	Months	Days	If less than one day
65	7	8	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business General farming

FATHER 12. Name Charles Dailey
13. Birthplace Pa

MOTHER 14. Maiden Name Emily Hobbs
15. Birthplace Pa

16 (a) Informant Mrs. M. A. Dailey
(b) Address Lake Wyo. Co Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 30 43 (month) (day) (year)
(c) Cemetery or crematory Fair View Cem
Location Lake Winola Pa.

18 (a) Funeral director Lasahn Funeral Home
(b) Address 7401 Belair Rd.

19 MAR 27 1943 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27th 1943, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1943. to Mar 27 1943. and that I last saw h[illegible] alive on March 26 1943.

Immediate cause of death

Cerebral Hemorrhage — Duration 2 wks

Due to

Due to Arterio Sclerosis — 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.

Address [illegible] W. Pittston Date signed 3/27/43

VS 2

G 02612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02612
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer E Wilkes (WILKS)

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 244-07-[illegible]643

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lucille
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years 28 | Months | Days 27 | If less than one day: hr. min.

9. Birthplace North Carolina (town, county, and state)
10. Usual Occupation Welder
11. Industry or business Harbuck Ship yards

FATHER
12. Name John Wilks
13. Birthplace N. C.

MOTHER
14. Maiden Name Lennie Weise
15. Birthplace N C

16 (a) Informant Thomas M Flax
(b) Address Pasadena Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Hoby
Location North Carolina

18 (a) Funeral director Tilson Co Inc
(b) Address 1217 E Fayette St

MAR 28 1943 Huntington Williams M.D. Registrar
(Local Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1943 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1943 to 3-27 1943 and that I last saw h[illegible] alive on 3-27 1943

Immediate cause of death: Hemorrhage following Adrenal hemorrhage ?
Duration: 48 hrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Adrenal hemorrhage
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Clare Maxcy Jr
Address University Hosp Date signed 3-27-43 M D

G 02613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02613 Registered No. 1176

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3118 Clearview Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Altomare

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race (White, Negro, etc.) W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mrs. Joseph Altomare

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 22, 1896

8. AGE: Years 46 | Months 9 | Days 4 | If less than one day — hr. — min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business -

FATHER 12. Name Bruno Altomare

13. Birthplace Italy

MOTHER 14. Maiden Name Serena Cardaci

15. Birthplace Italy

16 (a) Informant patient

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43 (month) (day) (year)

(c) Cemetery or crematory Morland

Location

18 (a) Funeral director Leonard Berry

(b) Address 1128 Hollins St

MAR 28 1943 (Date rec'd by Registrar)

(b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 2 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1943, to March 26 1943, and that I last saw him alive on March 26 1943.

Immediate cause of death Cardio-respiratory failure — Duration 10 days

Due to Peritonitis, pericarditis, pleural adhesions — Duration years

Due to Gangrenous duodenal stump, gastric resection for duodenal ulcer

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation March 17, 1943

Major findings of operation: Chronic duodenal ulcer, chronic pancreatitis

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James W. C. Finney M. D.

Address Union Memorial Hospital Date signed 3-26-43

481919 G 02614

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 02614 Registered No.

CERTIFICATE OF DEATH 106 B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Martinsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 N. High St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME ODA ARMBRESTER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Howard Armbrester
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 9-18-05

8. AGE: Years	Months	Days	If less than one day
37	6	9	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Reg. Nurse
11. Industry or business

FATHER
12. Name Warren Foltz
13. Birthplace W. Va.

MOTHER
14. Maiden Name IDA Dayton
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 31 - 43 (month) (day) (year)
(c) Cemetery or crematory Rosedale Mem. Gdns.
Location Martinsburg W. Va

18 (a) Funeral director J C Hughesdon
(b) Address Elkton Md

19 MAR 28 1943 (Date rec'd by registrar) (b) Huntington Williamsport Pa

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1943, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23 1943, to 3-27 1943, and that I last saw her alive on 3-27 1943

Immediate cause of death: Status asthmaticus — Duration: 2 days

Due to: Bronchial asthma and chronic bronchitis and emphysema — 14 yrs

Other Conditions: Paroxysmal auricular tachycardia — 1½ days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Grob M. D.
Address J-H.H. Date signed 3-27-43

G 02615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02615 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Ridge (If outside city limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Louise Beatrice

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife None.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1901

8. AGE: Years	Months	Days	If less than one day: hr.	min.
41 Yr	9	26		

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation teacher
11. Industry or business

FATHER
12. Name Napoleon Brais
13. Birthplace Canada

MOTHER
14. Maiden Name Mary Gauze
15. Birthplace Canada

16 (a) Informant Mother Superior
(b) Address 27 Park St. Hartford Conn.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)
(c) Cemetery or crematory: St. Joseph's Cemetery
Location Hartford Conn

18 (a) Funeral director Mary A. Farley
(b) Address Fairbanks Terrace

19 (a) (Date received by Registrar) MAR 29 1943 (b) Hunting for Attleboro, Mass

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943 to March 27 1943 and that I last saw HER alive on March 27 1943

Immediate cause of death: Circulatory failure
Due to: Acute Meningitis Lumbar
Due to:
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
& Lumbar

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Matthew M Cox. M. D.
Address Mercy Hospital Date signed 3-29-43

PRINTED NAMES, WITH ORIGINAL SIGNATURES, must appear on this certificate. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

72 150

G 02616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02616 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4113 La Salle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4113 La Salle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lily May Thomas
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1879

8. AGE: Years 63 | Months 10 | Days 21 | If less than one day hr. min

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Morris
13. Birthplace Delaware

MOTHER
14. Maiden Name Fannie Dill
15. Birthplace Delaware

16 (a) Informant Mrs. Wm. Quicksall
(b) Address 4113 La Salle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 28 (day) 43 (year)
(c) Cemetery or crematory Odd Fellows Cemetery
Location Milford, Delaware

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road

19 MAR 28 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 10 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from March 10 1943, to March 26 1943, and that I last saw he[r] alive on March 26 1943.

Immediate cause of death: Hypostatic Pneumonia Bronchial
Heart Failure
Due to Myocarditis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation April
Major findings of operation:

of autopsy: Yes

Duration
10 yrs.
2 yrs.
2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Jackson M.D.
Address 2322 Rowan Date signed March 27 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

G 62617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02642 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Worcester 26
(c) City or town Crapo
(If outside city or town limits, write RURAL and give town)
(d) Street No. --
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BRICE ROBINSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Hilda Robinson
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 9/19/1896

8. AGE: Years	Months	Days	If less than one day
46	6	8	- hr. min.

9. Birthplace Crapo, Maryland (Town, county, and state)
10. Usual Occupation School bus driver
11. Industry or business "

FATHER
12. Name George Robinson
13. Birthplace Crapo, Md.

MOTHER
14. Maiden Name Emily Bradford
15. Birthplace Crapo, Md.

16 (a) Informant Records-U.S.Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Crapo Cem
Location Dorchester Co Md

18 (a) Funeral director Kenneth Thomas
(b) Address Cambridge Md

19 (a) APR 28 1943 (Date rec'd by registrar) Lennington Williams, M.D. Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH March 27, 1943, at 9:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6, 19 43 to Mar. 27, 19 43 and that I last saw him alive on Mar. 27, 19 43

Immediate cause of death Cerebral hemorrhage; arteriosclerosis / & hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: None

Duration
About 16 hrs. Cer. Hem.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- (Specify type of place) While at work?
(e) Means of injury --

23. Signature W M Empson
Address Baltimore, Md Date signed 3/29/43

VS 150

No. VA-12828

G 02618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02618
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 E. 27th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 E. 27th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Sofsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31 1863

8. AGE: Years 79 | Months 3 | Days 26 25 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Patrick Mc Ginty
13. Birthplace Ireland

MOTHER
14. Maiden Name M. Costello
15. Birthplace Ireland

16 (a) Informant Mo
(b) Address 403 E. 27th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 29 1943 (month) (day) (year)
(c) Cemetery or crematory St Mary Evans
Location —

18 (a) Funeral director Mary M Wiedefeld
(b) Address 524 E. 22nd St

MAR 28 1943
(Date rec'd by registrar)
Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943 at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1940 to March 26 1943
and that I last saw her alive on March 25 1943

Immediate cause of death: Chr Myocarditis with Decompensation — Duration 2 Yrs
Due to: Polyposis of Rectal and Sigmoid colon — 3 Yrs
Due to:
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William R Geagley M. D.
Address 10 E Biddle St Date signed 3/29/43

VS 150

PRINT NAME FAMILY, WITH UNFADING INK. Every item must be answered; if none, so state. Where date is unknown, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 02619 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 N. Streeper st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3 N Streeper St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Alexander Burns

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Arabella Burns
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Feb-25-1854

8. AGE: Years	Months	Days	If less than one day
89	1 2	0	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Cane Maker (Retired)
11. Industry or business

FATHER
12. Name Robert Burns
13. Birthplace Baltimore

MOTHER
14. Maiden Name Cecelia Barton
15. Birthplace Baltimore

16 (a) Informant Mrs Arabella Burns
(b) Address 3 N. Streeper ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location

18 (a) Funeral director Kendall E Humphreys
(b) Address 1501 N. Broadway.

19 (a) [illegible] (Date received by registrar) (b) Registered [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943 at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to March 24 1943 and that I last saw him alive on March 24 1943.

Immediate cause of death: Pulmonary Oedem — Duration: 2 days
Due to: Arteriosclerosis — 2 yrs!
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 2530 E. Baltimore St Date signed 3-31-43

G 02620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

927

G 02620
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7Days
(e) Length of stay in Baltimore (yrs., mos., or days) 33Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4213 Hamilton Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Helen Marie Tydings F 71937

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Walter Philip Tydings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/5/10

8. AGE: Years	Months	Days	If less than one day
33	-	22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Louis J. Russell
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen V. Brooks
15. Birthplace Md.

16 (a) Informant Walter P. Tydings
(b) Address 4213 Hamilton Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Hunt
(b) Address 530 S. Howard St

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/27/1943 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 20, 1943 to March 27, 1943 and that I last saw her alive on March 27, 1943.

Immediate cause of death: ~~Embolism~~ Congestive Heart failure — Duration: 6 hrs.
Due to: Congenital Cardio Vascular Lesion — Duration: life
Due to: (Patent Foramen Ovale) — Duration:
Other Conditions: Full term delivery 3/20/43 (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Some

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Kenny M.D. M. D.
Address Bon Secours Hosp Date signed 3/27/43

VS 8

G 02621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

G 02621 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. Fort Meade
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Kremer Frances Meade Kremer

3 (b) If veteran, name war: Infant
3 (c) Social Security Account No.: infant

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	infant

6 (b) Name of husband or wife: infant.
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26-43

8. AGE: Years	Months	Days	If less than one day
		27	hr. min.

9. Birthplace Fort Meade
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Leighton R. Kremer
13. Birthplace Shepherdstown W. Va.

MOTHER
14. Maiden Name Mable Gunter
15. Birthplace Sandford N.C.

16 (a) Informant Father
(b) Address Fort Meade Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29-43 (month) (day) (year)
(c) Cemetery or crematory Elmwood
Location Shepherdstown W. Va.

18 (a) Funeral director Frank V. Pipitone
(b) Address 251 E. Baltimore (Baltimore, Md.)

MAR 28 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 9:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1943 to March 27 1943, and that I last saw h[illegible] alive on March 27 1943.

Immediate cause of death	Duration
Prematurity	
Pneumonia	
Dehydration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. R. Shipley M. D.
Address University Hospital Date signed March 27 1943

G 02622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. G 02622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 17 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) about 3½ mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County -
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 Pine Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN ALFRED JORDMAN

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/2/1886

8. AGE: Years	Months	Days	If less than one day
56	6	24	- hr. min.

9. Birthplace Finland
(Town, county, and state)
10. Usual Occupation Carpenter-Mer.Marine
11. Industry or business "

FATHER
12. Name Johan Jordman
13. Birthplace Finland

MOTHER
14. Maiden Name Mary Anderson
15. Birthplace Finland

16 (a) Informant Records-U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/28/43 (month) (day) (year)
(c) Cemetery or crematory Phila Pa.
Location " "

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) [illegible] 1943 (Registrar) Huntington Williams M.D.
(b) Registrar's address [illegible]

MAR 29 1943

VS 180

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH March 26, 1943, at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8/42 19 . to 3/26/ 1943, and that I last saw him alive on Mar. 26, 1943.

	Duration
Immediate cause of death Chondrosarcoma	Unknown
left ileum; penetration &	unknown
filling of pelvis;	unknown
DISEASE pyonephrosis bilateral.	
Due to	
Other Conditions Colostomy,operative	

(Include pregnancy within 3 months of death)
Date of operation Dec. 21, 1942
Major findings of operations: Chondrosarcoma
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? -
(Specify type of place)
(e) Means of injury -
23. Signature W.S.T. Brown M.D.
Address Baltimore, Md. Date signed 3/29/43

No. 43148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No. G 02623

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Crafton Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Sue McKinley (Sell)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	— Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28th 1937

8. AGE: Years	Months	Days	If less than one day
5	4	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name William H. McKinley
13. Birthplace Kentucky

MOTHER
14. Maiden Name Bessie Lee Sell
15. Birthplace W. Va.

16 (a) Informant William H. McKinley
(b) Address 17 Crafton Ave, Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

MAR 29 1943 (b) Burying for Williams Gallagher
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 12 10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & viewed thereon and from the evidence obtained by said autopsy & inquiry and that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Crushed head — Duration

Due to

Due to

Other Conditions: Fractured long bones, laceration & bruise brains
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 26 1943 11:55 AM
(c) Where did injury occur? 7 Crafton Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? no
(Specify type of place)
(e) Means of injury Struck by truck

23. Signature Robert Lee Grahame M.D.
Medical Examiner.
Date signed March 26 1943

correct age is especially important. Physicians: please write the cause of death clearly and legibly

G 02624 rgn 80549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 02624 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 S. Oliver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Alt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Separated

6 (b) Name of husband or wife Henry Alt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July ? 1866

8. AGE: Years	Months	Days	If less than one day
76	8	6	hr. min.

9. Birthplace Balto., Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Gabriel ? Fuhrman
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie ?
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 3/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Extd Balto Md.

18 (a) Funeral director Wm Cox Inc.
(b) Address 1217 St. Paul St.

19 (a) [illegible] Registering for Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1943 at 2:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/[illegible] 19[illegible] to 3/25 1943, and that I last saw h[illegible] alive on 3/25 1943.

Immediate cause of death Bronchopneumonia — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address BCH Date signed 3/27/43

G 02625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 02625 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2858 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2858 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Franklin Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-12-8037

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7th 1859

8. AGE: Years	Months	Days	If less than one day
83	5	19	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Bridge-Tender
11. Industry or business Balto. Transit Co

FATHER
12. Name James F. Jones
13. Birthplace Md.

MOTHER
14. Maiden Name L. Jones
15. Birthplace Md

16 (a) Informant Mrs Carville M. Rohr
(b) Address 2858 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Extended

18 (a) Funeral director William Oak Sac
(b) Address 127 St. Paul St

19 (a) Huntington Williams, M.D. (Local registrar) Registrar

MAR 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH. Mar 26th 1943, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1943 to Mar 26 1943, and that I last saw him alive on Mar 23 1943.

Immediate cause of death Bronchopneumonia — Duration 5 days
Due to Arteriosclerotic C-V disease — years
Due to
Other Conditions Senility

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Steenger M.D.
Address 1026 Lanvale St Date signed 3-27-43

G 02626 80502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02626 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Thomson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Melvins Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May, [illegible] 1891

8. AGE: Years	Months	Days	If less than one day
51	10		hr. min.

9. Birthplace Wash. D.C.
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Jannie Straighten
15. Birthplace ?

16 (a) Informant B.C.H Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County, Md.

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1304 N. Central Ave

19 (a) 3/30/1943 (Registrar) (b) Frances Williams M.D. (Registrar)

MAR 26 1943

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1943, at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1943 to 3/26 1943, and that I last saw h[illegible] alive on 3/26 1943.

Immediate cause of death	Duration
Cardiac failure	3 hrs
Due to Syphilitic Aortitis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mathews M. D.

Address B.C.H. Date signed 3/26/43

G 02627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02627 ✓ 61 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Johns Hs
(c) Hospital or institution: Hospital for the Insane of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (Not in Baltimore City) County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 S. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Marie Thomas Fowler

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23 1900.

8. AGE: Years	Months	Days	If less than one day
43	-	3 4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15. Birthplace ?

16 (a) Informant Miss Audrey Mathews
(b) Address 526 S Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 30 / 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Joseph Kaminsky
(b) Address 602 Washington Blvd

MAR 29 1943 (b) Huntington Williams, M.D.
Date Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1943, to March 27 1943, and that I last saw her alive on Mar 26 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions Diabetes Mellitus, Hypertension Cardio renal disease (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mildred Burgess M. D.
Address Lawrenceville Maryland Date signed 3/30/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109a

Registered No. G 02628

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Menlo Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Menlo Drive (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Stumpf

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances K. Stumpf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 1, 1871

8. AGE: Years	Months	Days	If less than one day
72	-	26	hr. min.

9. Birthplace Cumberland, Md. (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business

MOTHER / FATHER
12. Name Gabriel Stumpf
13. Birthplace Germany
14. Maiden Name Henrietta Mahlabach
15. Birthplace Germany

16 (a) Informant Mr. Geo. Stumpf
(b) Address 3701 Menlo Drive

17 (a) Cremation (b) Date thereof 3/29/43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Hyattsville, Md.

18 (a) Funeral director David Leibowitz & Son
(b) Address 1902 Eutaw Place

19 (a) MAR 29 1943 (Registrar) (b) Interred by Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1942 to March 27 1943, and that I last saw him alive on March 26 1943.

Immediate cause of death	Duration
Acute uremia	3 days
Due to:	
Due to: Vesus pneumonia	3 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lantz M.D.
Address Temple Garden Apts. Date signed 3/27/43

FURNISH WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

G 02629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G 02629
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redund & Greene St.
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Sewall St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Santa Mutarsa Santo Matassa.

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) Single, Married, Widowed, or divorced.

6 (b) Name of husband or wife LATE Salvatore Santoro

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23 1875

8. AGE: Years 67 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Italy. (Town, county, and state)

10. Usual Occupation Wife.

11. Industry or business

FATHER
12. Name Santa Mutarsa
13. Birthplace Italy.

MOTHER
14. Maiden Name Rosa [illegible] Bocato
15. Birthplace Italy

16 (a) Informant Santo Matassa Jr.
(b) Address 605 Sewall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Frank Della Rosa
(b) Address 52 N. Morley St.

MAR 28 1943
(Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1943 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1943 to March 27 1943, and that I last saw h[illegible] alive on 3-27 1943.

Immediate cause of death
Respiratory Failure.
Due to Cerebral Hemorrhage.
Due to Hypertensive Arteriosclerotic Heart Disease
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Leitch M. D.
Address Univ Hospital Date signed 3/27/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

G 02630
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: at Fairfield
Patapsco River - Morgue 25
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (c) County
(b) City or town Norfolk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 932 Lafayette Ave
(If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Vernon Jernigan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-3-1915

8. AGE: Years	Months	Days	If less than one day
27	6	22	hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Not Applicable
13. Birthplace

MOTHER
14. Maiden Name Ada Eakens
15. Birthplace N C

16 (a) Informant Mrs Ada Jernigan
(b) Address Norfolk Va

17 (a) Burial (b) Date thereof 3-30-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Forest Lawn
Location Norfolk Va

18 (a) Funeral director Tayloe & Farley
(b) Address Fulton & Fayette Sts

19 (a) MAR 29 1943 (b) Huntington Williams M.D.
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25- 1943, at 10:00 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
Drowning
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/c
(a) Accident, suicide, or homicide
(b) Date of occurrence probably 3/18/43 at 7 — M
(c) Where did injury occur? Cty harbor at Fairfield
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? ?
(Specify type of place)
(e) Means of injury Found drowned.

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 3/26/43

VS 6

G 02631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93e

G 02631 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Ruxton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Ruxton ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Sagel

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 65 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Grocery.

11. Industry or business

FATHER
12. Name Samuel Sagel
13. Birthplace Poland

MOTHER
14. Maiden Name Hannah
15. Birthplace Russia

16 (a) Informant Louis Sagel
(b) Address 1700 Ruxton ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 3-28-43 (month) (day) (year)
(c) Cemetery or crematory Pt Lookout
Location Shopen Shalom

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto St

MAR 27 1943

(Local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1943, at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1943 to 3-27 1943, and that I last saw him alive on 3/27/43 1943.

Immediate cause of death: Acute Cardiac dilatation — Duration

Due to (a)

Due to Myocarditis

Other Conditions Heart dis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Maurice Chidecel, M.D.
Address 2275 Linden Ave Date signed 3/28/43

VS 150

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 02632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

37B

G 02632

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring ave
(c) Hospital or institution Aged Home
(d) Length of stay in hospital or inst. (yrs., ~~mos., or days~~) 13
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jack Klein.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race W

6 (a) Single, ~~married, widowed~~ divorced.

6 (b) Name of husband or wife Rae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 46 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Abraham Klein
13. Birthplace England

MOTHER
14. Maiden Name Whitman
15. Birthplace England

16 (a) Informant Mrs Esther Baumel
(b) Address 4328 Druid Park Drive

17 (a) Burial (b) Date thereof 3-28-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Auburn
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

MAR 29 1943
(Date received by registrar) (Huntington Williams) ~~Registrar~~

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943 at 1 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Mar 24 1943 and that I last saw ~~him~~ alive on March 26 1943.

Immediate cause of death Post encephalitic Parkinsons Syndrome — **Duration** 10 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M. D.

Address Levindale Date signed

G 02633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 02633 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 667 Stirling St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 667 Stirling St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Wilson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1879

8. AGE: Years 64 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Carter
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Eleanore ?
15. Birthplace Balto. Md.

16 (a) Informant Bessie Simmons
(b) Address 667 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location B. C. County Md.

18 (a) Funeral director Mrs. Robert E. Elliott Dep
(b) Address 1129 N. Carlton Street

19 (a) [illegible] 1943 (b) [illegible]

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942, at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942, to March 24 1942
and that I last saw h[illegible] alive on March 24 1942.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. L. Alexander M. D.
Address 744 Lanvale St. Date signed 3-27-42

G 02634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

G 02634
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME [redacted] MORELLO, DONALD (MORRELL)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? Nov 22 1941
8. AGE: Years 1 Months 4 Days 3 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Frank Morello
13. Birthplace Drusin, Pa.

MOTHER
14. Maiden Name Ada Rosen
15. Birthplace Baltimore, Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29-41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Eastern Ave

18 (a) Funeral director Robt Lewis
(b) Address 1328 Hull St

19 (a) [illegible] Washington Millspaugh
(Date received by registrar) MAR 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25 1942 to Mar. 25 1942, and that I last saw [illegible] alive on Mar. 25 1942.

Immediate cause of death: meningitis — Duration: 12 hours
Due to: Meningococcus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hospital Date signed 3-27-42

Correct age is especially important. Physician: please write the causes of death clearly and fully.

G 02635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 02635
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hudson Ld
(c) Hospital or institution: 18 months
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Riverside Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Hubbard

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas M. Hubbard
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) July 28 - 1864

8. AGE: Years	Months	Days	If less than one day
78	8	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John J Plummer
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Fay
15. Birthplace Maryland

16 (a) Informant Thomas M Hubbard
(b) Address 1001 Riverside

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Olivet Cemetery
Location St Michael Md

18 (a) Funeral director William M Marack
(b) Address 715 E Lexington St

19 MAR 28 1943 (b) [illegible] Registrar
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 3:45 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1943 to March 26 1943 and that I last saw her alive on Wed 24 1943

Immediate cause of death: Arteriosclerosis Hypertension Myocarditis Chronic — Duration 2 mos
Due to — Duration 2 mos
Due to Cerebral Hemorrhage — Duration 2 hrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. E. O. Stevens M.D.
Address 2516 Harford Ave Date signed 3/27/43

VS 180

A number of items are self-explanatory and need not be answered unless information is available. Items 1 to 19 must be answered in all cases. Items 20 to 23 must be answered in case of death from violence or suspicious circumstances. Physicians: please write the causes of death clearly and legibly. Be sure that the statement of the cause of death is complete and that the correct age is especially important.

G 02636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 02636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Montford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles T. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1867

8. AGE: Years	Months	Days	If less than one day
75	10	11	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Charles Scott
13. Birthplace Balto Md

MOTHER
14. Maiden Name Jane —
15. Birthplace Balto Md

16 (a) Informant Miss Eva Johnson
(b) Address 1811 Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location

18 (a) Funeral director Leonard J. Finch
(b) Address 5305 Harford Rd

MAR 28 1943 (Date rec'd by registrar) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943. to March 26 1943. and that I last saw her alive on March 26 1943.

Immediate cause of death	Duration
(a) Cardiac Dilatation	3 hrs
Due to Cerebral Hemorrhage	25 days
Due to Arteriosclerosis	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Harding M. D.
Address 4010 Belair Rd Date signed 3/24/43

VS 150

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 02637 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6607 Old Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6607 Old Harford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Elliott

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Reba - Gotshell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1873

8. AGE: Years	Months	Days	If less than one day
69	8	15	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Elliott
13. Birthplace Ireland

MOTHER
14. Maiden Name Rebecca Johnson
15. Birthplace Ireland

16 (a) Informant Mrs Reba Elliott
(b) Address 6607 Old Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-43 (month) (day) (year)
(c) Cemetery or crematory Balto Met
Location

18 (a) Funeral director Leonard J. Rust
(b) Address 5305 Harford Rd.

19 (a) (Registrar) (b) Huntington Hollins, Registrar

MAR 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to 3-26 1943 and that I last saw h alive on 3-26 1943

Immediate cause of death: Bronchio Pneumonia — Duration: 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Beghe M. D.
Address 4506 Harford Rd Date signed 3-27-43

Every item of information should be correct as far as known, and the age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

G 02638
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4608 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH ALBERT REGEL (RIEGNL)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Catharine Regel nee Nehus
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) Feb. 18 - 1893

8. AGE: Years	Months	Days	If less than one day
50 35	1	7	hr. min.

9. Birthplace Balto Co.
(Town, county, and state)
10. Usual Occupation a Brakeman
11. Industry or business B&O Railroad

FATHER
12. Name Mary Regel
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Fisher
15. Birthplace Germany

16 (a) Informant Catharine Regel
(b) Address 4608 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave, Rd.

18 (a) Funeral director John G. Connolly
(b) Address 418 Eastern Ave, Balto

MAR 28 1943
(Date rec'd by registrar)

19 (a) [illegible] (b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractures, pelvis ribs, femur

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 24, 1943 at 5P M
(c) Where did injury occur? Spurrows Pt. Balt. County
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Crushed between walls

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 3-26-43

VS 4

G 02639

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 02639
Registered No.

CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Winchester (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 Virginia Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph T. Richards

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 1877

8. AGE: Years	Months	Days	If less than one day
65	5	-	hr. min.

9. Birthplace Frederick County, Va (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harvey P. Richard
13. Birthplace Frederick County, Va

MOTHER
14. Maiden Name Lizzie Rust
15. Birthplace Frederick County, Va

16 (a) Informant Eagle Funeral Home
(b) Address Winchester, Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 30 - 43 (month) (day) (year)
(c) Cemetery or crematory
Location Winchester, Va

18 (a) Funeral director Frederick A. Cole
(b) Address 320 W. Lombard St

19 (a) 3-28-1943 (Registrar) Registrar for Winchester, Va

MAR 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27- 1943, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Spontaneous
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldeis M.D. Medical Examiner.
Date signed 3-28-43

correct age is especially important. If uncertain, please write the causes of death clearly and legibly.

G 02640

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

168

G 02640
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 S. Stricker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph W. Skirman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-0768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Marie E. Skirman
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec 19th 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	3	8		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Casmir Skirman
13. Birthplace Lithuania

MOTHER
14. Maiden Name Madelique Monyales
15. Birthplace Lithuania

16 (a) Informant Mrs. Marie E. Skirman
(b) Address 207 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Boyd Road

18 (a) Funeral director John F. Cowan & Son
(b) Address 907 W. Fayette St.

MAR 28 1943
(Date rec'd by registrar)

(b) Hampton Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 3:40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Multiple fractures of skull

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence March 20 1943 2:40 PM
(c) Where did injury occur? Pratt & Stricker Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Blunt instrument

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 27 1943

VS 6

G 02641

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 02641 Registered No.

CERTIFICATE OF DEATH 1190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cator & Wilkins Aves
(c) Hospital or institution: St. Agnes Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1842 W Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy LaBauve ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/6/43

8. AGE: Years	Months	Days	If less than one day
		22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Newborn
11. Industry or business

FATHER
12. Name George LaBauve.
13. Birthplace Lutcher, La

MOTHER
14. Maiden Name Anna Ancarlo.
15. Birthplace Baltimore, Md.

16 (a) Informant Mr George LaBauve
(b) Address 1842 W Pratt St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd
18 (a) Funeral director John Cowans & Son
(b) Address 901 N Fulton Ave
MAR 28 1943 Washington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1943 at 12:40 AM
21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1943 to March 27 1943, and that I last saw h[illegible] alive on March 27, 1943.

Immediate cause of death Dehydration
Due to Anomalies of the meninges
Due to Prematurity
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James B Bumpus
Address St Agnes Hosp Date signed 3/27/43 M. D.

VS 188

G 02642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 a

G 02642 Registered No.

PRINT WITH PENCIL. Use ink if information known at time of entering, but if uncertain, say so. Do not guess. Give usual name of occupation, even if retired. If not in labor force, say so. Give name of industry or business in which employed, even if employed by family. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3058 Stafford St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3058 Stafford St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Mary R Baker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John E. Baker
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1879

8. AGE: Years	Months	Days	If less than one day
63	6	12	hr. min.

9. Birthplace Frederick Co. Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Geo. W. Dykes
13. Birthplace Frederick Co. Va

MOTHER
14. Maiden Name Alice E. Knight
15. Birthplace Frederick Co Va

16 (a) Informant John E. Baker
(b) Address 3058 Stafford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery or crematory Woodstock Va
Location Woodstock Va

18 (a) Funeral director Jno J Kenny
(b) Address 160 Aisquith St

19 (a) MAR 29 1943 (b) Registrar Huntington Williams

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 10:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1- 1943 to 3/27 1943 and that I last saw h alive on 3/27 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: Hypertension
Due to: Nephritis
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Chas A Carter M. D.
Address 2145 W Belto St Date signed

G 02643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. G 02643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Parkside Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick J. Lenahan

3 (b) If veteran, name war

3 (c) Social Security Account No. 207-07-0298

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nora

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Jan. 1886

8. AGE: Years	Months	Days	If less than one day
57	2		hr. min.

9. Birthplace Sugar Notch Pa
(Town, county, and state)

10. Usual Occupation
11. Industry or business Bethlehem Steel Co

FATHER
12. Name Andrew Lenahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Gaughan
15. Birthplace Ireland

16 (a) Informant Mrs Nora Lenahan
(b) Address Wilkes Barre Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/28/43 (month) (day) (year)
(c) Cemetery or crematory St Charles
Location Wilkes Barre Pa

18 (a) Funeral director William J Zuckner & Sons
(b) Address Main & Ashley Sts Wilkes Barre Pa

19 (a) MAR 29 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28- 1943 at 12:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death

Due to Shock Fracture of the Pelvis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 21
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-28-43 at 12:05 AM
(c) Where did injury occur? Wash Blvd & Fremont Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes
(Specify type of place)
(e) Means of injury Pedestrian struck by bus

23. Signature Howard J. Maldeis M.D.
Medical Examiner.

Date signed 3-28-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600a Registered No. G 02644 1/2 G 06031/2

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Wash. Ct. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby boy Rollins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			13 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Clarence Rollins
13. Birthplace Asheville, Tenn.

MOTHER
14. Maiden Name Ruth Sitton
15. Birthplace Bernard N.C.

16 (a) Informant Mrs. Ruth Rollins
(b) Address 3018 Wash. St. Brooklyn, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-29-43 (month) (day) (year)
(c) Cemetery or crematory
Location Bryson City N.C.

18 (a) Funeral director Harry H. Wittke
(b) Address 4101 E. Monument Ave

19 (c) MAR 29 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1943, at 9:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1943, to 3-27 1943, and that I last saw him alive on 3-27 1943.

Immediate cause of death
Intracranial Hemorrhage
Atelectasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward T. Coleman M.D.
Address University Hosp Date signed 3/30/43

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 02645 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Av.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 1/2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 Maine Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophie Blome (Sophie M. Blome)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1868

8. AGE: Years 74 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name George Blome
13. Birthplace Germany

MOTHER
14. Maiden Name Miss Dorothea Sander
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/29/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAR 29 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10, 1943, to Mar 27 1943, and that I last saw her alive on Mar. 27 1943.

Immediate cause of death Terminal Pneumonia.

Due to Chronic Myocarditis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Kreps Jr. M. D.
Address Md. Gen. Hosp. **Date signed** 3/27/43

VS 3

0 02646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 937

G 02646
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Inglewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen Chohany

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1875

8. AGE: Years	Months	Days	If less than one day
67	8	23	hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Own

FATHER
12. Name Stephen Chohany
13. Birthplace Hungary

MOTHER
14. Maiden Name Barbara Pozsa
15. Birthplace Hungary

16 (a) Informant Mr. Stephen D. Chohany
(b) Address 31 Pearl St., Ocean Side, L.I.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)

(c) Cemetery or crematory WOODLAWN CEM.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

MAR 29 1943
(Date rec'd by Registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26 1943, 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1943, to 3-26 1943, and that I last saw him alive on 3-26 1943.

Immediate cause of death Cerebral hemorrhage — Duration 52 hrs

Due to Hypertensive cardiovascular disease — years?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Pearce Macauley M.D.
Address University Hosp Date signed 3-28-43

VS 180

G 02647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 02647

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JAMES GIBBONS McKENNA

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	male	white	married

6 (b) Name of husband or wife Ella M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1884

8. AGE: Years	Months	Days	If less than one day
58	3	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk - Retired
11. Industry or business

FATHER
12. Name Thomas McKenna
13. Birthplace

MOTHER
14. Maiden Name Mary Kirwan
15. Birthplace

16 (a) Informant Mrs. Ella M. McKenna
(b) Address 526 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

MAR 29 1943
(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26, 1943 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1943, to Mar 26 1943, and that I last saw h alive on Mar 26 1943.

Immediate cause of death Pulmonary Embolism

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard F. French M. D.
Address 7379 Arunah Ave Date signed 3/27/43

VS 150

02648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02648
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3135 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3135 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ELIZABETH ADDISON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	widow

6 (b) Name of husband or wife Samuel T. Addison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1855

8. AGE: Years	Months	Days	If less than one day
87	7	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. Thomas M. Micau
13. Birthplace Virginia

MOTHER
14. Maiden Name Eliza Rawlings
15. Birthplace Va.

16 (a) Informant Mr. Howard M. Addison
(b) Address 3135 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 MAR 29 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26, 1943, at 4:40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29 1942 to March 26 1943 and that I last saw h[illegible] alive on March 26 1943.

Immediate cause of death — Duration

Chronic Myocarditis — 7 yrs.

Due to General Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry A. Kelly M. D.
Address 2504 St. Paul St Date signed 3/27/43.

VS 180

G 02649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 02649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2658 W. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 McKean Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT WINTER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 218-07-8768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elvira Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1876

8. AGE: Years	Months	Days	If less than one day
67	2	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Grocer
11. Industry or business

FATHER
12. Name --
13. Birthplace

MOTHER
14. Maiden Name --
15. Birthplace

16 (a) Informant Mr. D. Stanley Winter
(b) Address 2105 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 2109 Baltimore, Md.

19 (a) MAR 29 1943 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1943, at 4:15 P.M.

21. I certify that death occurred on the date above stated, and that I last attended deceased from 3/20/43 to 3/25/43, and that I last saw h[illegible] alive on 3/25/43.

Immediate cause of death: Coronary Thrombosis (Arteriosclerosis)
Duration: 5 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Manner of injury
23. Signature [signature] M.D.
Address 1729 Linden Ave. Date signed 3/27/43

02650

BALTIMORE CITY HEALTH DEPARTMENT X 50

CERTIFICATE OF DEATH

G 02650 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore 5
(c) City or town Long Green
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie A Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Seymour Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1872

8. AGE: Years	Months	Days	If less than one day
70	3	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Isaiah Watkins
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Lizzie Burton
15. Birthplace Maryland

16 (a) Informant Seymour Smith
(b) Address Long Green, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery or crematory Wilson ME
Location Long Green, Md

18 (a) Funeral director C E Arthur
(b) Address Fork, Md.

19 MAR 29 1943 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1943 at 6 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 14, 1943 to March 27, 1943 and that I last saw her alive on March 27, 1943

Immediate cause of death: Uremia — Duration 5 weeks

Due to:

Due to:

Other Conditions Recurrent Ca. breast - Pulmon. edema
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature [signature] M. D.
Address Church Home & Inf. Date signed 3-27-43

VS 3

G 02651c

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

G 02651 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 Christmas Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3510 Christmas Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Yeager.

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Nellie F. Yeager

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1864

8. AGE: Years 79 | Months 1 | Days 15 | If less than one day: hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business Blacksmith P. Penna R.R.

FATHER
12. Name Christopher A. Yeager
13. Birthplace Germany.

MOTHER
14. Maiden Name Elizabeth Hoover.
15. Birthplace Pa.

16 (a) Informant Nellie F. Yeager.
(b) Address 3510 Christmas Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30/43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial
Location Wash. Blvd.

18 (a) Funeral director Edmonds & Sonorau
(b) Address 3615-17 Edmondson Ave.

19 (a) MAR 29 1943 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1943 at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to Mar 1943 and that I last saw him alive on Mar 27, 1943.

Immediate cause of death: Pulmonary edema

Due to: Bronchogenic Carcinoma

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Glassman M. D.
Address 4037 Ridgewood Date signed 3/29/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 02652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 S. Bethel St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 S. Bethel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Veronica Niedziolkowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Adam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1849

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation House work

11. Industry or business at home

FATHER
12. Name John Malinowski
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Adam Niedziolkowski
(b) Address 620 S. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 31/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1030 Eastern Ave.

19 (a) MAR 29 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 6 1943 to Mar 27 1943, and that I last saw h or alive on Mar 6 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 min

Due to: Hypertension and — Duration: several years

Due to: Vascular changes — Duration: 2 days

Other Conditions: Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature A. F. Rees M. D.
Address 24 S. Berry Date signed Mar 29 43

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 02653

Registered No. 132

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2226-Aiken Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2226-Aiken Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country -

3 (a) FULL NAME Christian Humphreys

3 (b) If veteran, name war W.W.

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian W. (Mueller

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 4/11/1897

8. AGE: Years	Months	Days	If less than one day
45	11	17	- - - - - - - hr. - - - - - - - min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Prop. Delicatessen Store

11. Industry or business Self

FATHER
12. Name Willard Humphreys
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Christiana Burnett
15. Birthplace Germany

16 (a) Informant Mrs. Lillian W. Humphreys
(b) Address 2226-Aiken Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore Co. Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) MAR 30 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1943 at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1942 to 3/28 1943 and that I last saw him alive on 3/28 1943

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 yr.
Laryngeal Tuberculosis	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence M. Lenz M. D.

Address 11 E. Chase St Date signed 3-29-43

VS 8

G 02654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. G 02654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Lancaster St (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Vincent Sadowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-5842

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife of Emilia

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Feb. 20-1878

8. AGE: Years	Months	Days	If less than one day
66	1	6	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business " "

FATHER
12. Name Not. Known
13. Birthplace Not. Known

MOTHER
14. Maiden Name Not. Known
15. Birthplace Not. Known

16 (a) Informant Emilia. Sadowski
(b) Address 1727 Lancaster St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) / 30 (day) / 43 (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Co

18 (a) [illegible] Director William Fiaschetti
(b) Address 618 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquest) obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 26 1943 10.45 AM
(c) Where did injury occur? Pier # 8 Fells Pt. (City or town) Baltimore (County) Maryland
(d) Did injury occur about home, on farm, industrial place, in public place? steamship While at work? yes (Specify type of place)
(e) Means of injury Fell off boat into harbor

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed March 26 1943

VS 5

G 02655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 02655
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4603 Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Barbara Boehm

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife John Boehm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17, 1874

8. AGE: Years	Months	Days	If less than one day
69	1	8	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name John Zeine
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Leonard Boehm
(b) Address 604 Kenwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave.

18 (a) Funeral director Blanche F. Hoffman
(b) Address 1639 N Broadway

19 (a) MAR 30 1943 Registrar
VS 3
Waiting for Witness, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 19 43, at 4 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 19 43, to March 27 19 43, and that I last saw h[illegible] alive on March 27 19 43.

Immediate cause of death	Duration
Hypertensive Cardio vascular disease	2
Thrombosis	2 days
Due to (a)	
Due to	
Other Conditions Puerperal Eclampsia	8 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabelle Harrison M. D.
Address Church Home & Hospital Date signed 3 30 43

G 02656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 02656 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that every item is correctly answered. Be sure that the age is correctly stated. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 W Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 922 W Mulberry
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8982

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Widowed

6 (b) Name of husband or wife Mary Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1890

8. AGE: Years	Months	Days	If less than one day
52	9	-	hr. min.

9. Birthplace Md. Md.
(Town, county, and state)

10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Charles Wilson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Josephine Thomas
15. Birthplace Talbot Md.

16 (a) Informant Charles Wilson Jr.
(b) Address 922 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Arbutus

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) MAR 29 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1943. 6:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1943 to 3-25 1943. and that I last saw [illegible] alive on 3-25 1943.

Immediate cause of death Cardiac - Renal disease - Pulmonary edema — Duration 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 3/29/43

VS 180

G 02657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

G 02657

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hr.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2008 Park Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

13

3 (a) FULL NAME Louise Tull Baker.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband ~~of wife~~ J. Henry Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1871

8. AGE: Years	Months	Days	If less than one day
71	9	20	hr. min.

9. Birthplace Md. (Town, county and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name John Emory
13. Birthplace Maryland.

MOTHER
14. Maiden Name Lizzie Freeman
15. Birthplace Virginia

16 (a) Informant Husband, J. Henry Baker
(b) Address 2008 Park Ave, Balto, Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/30-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Edward Faulkner
(b) Address 2317 Work Place

19 MAR 29 1943 (Date received by Registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1943 to 3-28 1943.
and that I last saw h&y alive on 3-28 1943.

Immediate cause of death
Cardio-respiratory failure
Due to Meningococcus Meningitis

Duration
2 days

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Warren M. D.
Address Union Memorial Hosp. Date signed 3-29-43
2404 Barclay Blvd.

VS 180

G 02658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 02658 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 W. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Stevadore

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Addie Cox
(b) Address 621 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) [illegible] Registrar

MAR 9 1943

Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1943 at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1943 to 3/26 1943 and that I last saw him alive on 3/25 1943.

Immediate cause of death
A. Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. N. Hulett, M.D.
Address 1 W. Read St Date signed 3/27/43

G 02659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

G 02659 Registered No. 6050

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2723 Overland ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Sammack

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Frank Sammack
13. Birthplace Virginia

MOTHER
14. Maiden Name Ruby Clarin
15. Birthplace Crisfield, Md.

16 (a) Informant Mrs. Mary Sammack
(b) Address 2723 Overland ave. Balt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director Gahan & Connelly
(b) Address 418 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) [illegible] M.D. Registrar

MAR 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 27 1943, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1943, to 3-27 1943, and that I last saw her alive on 3-27 1943

Immediate cause of death	Duration
Prematurity Hemlyne	
Due to ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Cole M.D.
Address University Hosp Date signed 3/25/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. S. 1942-3

02660 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 a.c. 02660

1. PLACE OF DEATH Convent of the Good Shepherd

CITY OF BALTIMORE: (No. 15 S. Mounts St. 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary of St. Cyprian (Elizabeth Peyton)

(a) Residence: No. 15 S. Mounts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed, or Divorced. (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17, 1873

7. AGE: Years 69; Months 6; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sortress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 1942

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenmore County Kerry Ireland

FATHER

13. NAME Martin Peyton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Busse

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sr. Mary of St. Cyprian

(Address) 15 S. Mounts St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date 3/30/ 1943

19. UNDERTAKER J. J. Lahey & Sons

(Address) 1328 Light St.

20. FILED MAR 29 1943

Hunting to Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28th, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1942 to March 28th 1943

I last saw her alive on March 27th, 1943. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	48 hrs
Myocardial Degeneration	Cond 1943

Other contributory causes of importance:

Cerebro-Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Blatz M. D.

(Address) 309 N. Calvert St

G 02661

G 02661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 445 E. 25th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Preston B Dawson

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215 - 09 - 0382

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Nona

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1 1884

8. AGE: Years 58 | Months 7 | Days 27 | If less than one day: hr. min.

9. Birthplace Weston, W. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business Sanitary Laundry

FATHER
12. Name George Dawson
13. Birthplace W. Va.

MOTHER
14. Maiden Name Edmonia Christian
15. Birthplace W. Va.

16 (a) Informant Hospital Records.
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery or crematory Carnegie, Pa.
Location

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 29 1943 (Date rec'd by registrar) Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/28/43 19 , at 7.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24/43 19 to 3/28/43 19 and that I last saw h(m) alive on 3/28/43 19

Immediate cause of death: Pulmonary edema — Duration

Due to Hypertensive cardio vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J E Goodman Jr M. D.
Address Franklin Sq. Hosp. Date signed

VS 3

G 02662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02662 Registered No. 13 1a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
----	----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Charles F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	0	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Nicholas Knierim
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mr. Charles F. Smith
(b) Address 2412 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) MAR 30 1943 (Date received by registrar) Wm. J. Tickner & Sons (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1943 at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943, to March 25 1943, and that I last saw h[illegible] alive on March 24 1943.

Immediate cause of death — Duration

Cerebral Apoplexy — 18 days
Due to Cardio Vascular - renal disease — ?
Due to Hyd pneumonia - Feb 7 to 27-43
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature M Brenner and Hood M. D.
Address 2200 Garrison Blvd Date signed 3/31/43

VS 250

G 02663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02663 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3501 Powhatan Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Powhatan Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA E. WHITE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1853

8. AGE: Years	Months	Days	If less than one day
89	6 9	16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George T. White
13. Birthplace Wardsboro, Vt.

MOTHER
14. Maiden Name Rosana Read
15. Birthplace Vt.

16 (a) Informant Mr. Lucius R. White, Jr.
(b) Address 208 Goodale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 MAR 29 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26, 1943, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1926 to 3/26 1943, and that I last saw h alive on 3/26 1943.

Immediate cause of death
Uraemia
Arteriosclerosis — Duration 4 Years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M.D.
Address 1403 Park Ave Date signed 3/30/43

Cause and age is especially important. Physicians: please write plainly. Use only standard terms and abbreviations.

G 02664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02664 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32nd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 344 Hartford Ave.
(If rural, give location)
(e) Citizen of foreign country Temple Court (Yes or No)
If yes, name country apts.

3 (a) FULL NAME Mrs. Emma Mabelle Aubrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W.

6 (a) ~~Single~~, married, ~~widowed, divorced~~

6 (b) Name of husband or wife John F. Aubrey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1903

8. AGE: Years 39 40 | Months 6 5 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Albert Marlow

13. Birthplace Balto. Md.

14. Maiden Name Dora Shanahan

15. Birthplace Maryland

16 (a) Informant Mrs. Anna E. Marlow

(b) Address 3704 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 31/43 (month, day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Balto. Co. Md.

18 (a) Funeral director John A. Mitchell Home

(b) Address 906 Eutaw Place

19 (a) Date received by registrar MAR 29 1943 Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1943 at 8:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 17, 1943 to March 29, 1943 and that I last saw h.e alive on March 29, 1943

Immediate cause of death Resp. & Circulatory failure — Duration 9 days.

Due to Malignant bacterial endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Parkhill Jr. M. D.

Address Union Memorial Hosp. Date signed 3-29-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 02665 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 43 E Heath St
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 43 E Heath St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME August Will

3 (b) If veteran, name war Mo
(c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rose Will
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1872

8. AGE: Years 71 | Months | Days 2 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Barber
11. Industry or business

MOTHER / FATHER
12. Name Dont know
13. Birthplace Germany
14. Maiden Name Dont know
15. Birthplace Germany

16 (a) Informant Mrs William Lantz
(b) Address Rockview Beach Pasadena Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director A. Bryan Evans
(b) Address 1402 S Charles St

MAR 29 1943 (Date rec'd by registrar)
Huntingtown Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1943 at 1:06 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1943 to March 28 1943, and that I last saw h alive on March 28 1943.

Immediate cause of death: Diffuse bronchial pneumonia — Duration: 1 week

Due to

Due to

Other Conditions Arteriosclerosis Senility — yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M.D. M. D.
Address 122 E Chase St Date signed 3/29/43

G 02666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02666 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1242 William St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) about 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1242 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-2516

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) ~~Name of husband or wife~~ ~~April 12, 1878~~
6 (c) ~~If alive, give age~~ ~~years~~

7. Birth date of deceased (mo., day, yr.) April 12, 1878

8. AGE: Years	Months	Days	If less than one day
64	11	15	hr. min.

9. Birthplace Rockingham, N.C. (Town, county, and state)
10. Usual Occupation Stationary Fireman
11. Industry or business Apartment House

MOTHER / FATHER
12. Name John Smith
13. Birthplace N.C.
14. Maiden Name Don't Know
15. Birthplace N.C.

16 (a) Informant Mrs. Jamie M. Manners
(b) Address 1242 William St (Daughter)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. U. Co. Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1700 E. Baltimore St.
MAR 29 1943 (Date rec'd by registrar) Washington Millington, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1943, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 42 to Mar 27 19 43.
and that I last saw h alive on March 19 19 43.

Immediate cause of death: Coronary thrombosis — Duration: 1 day

Due to:

Due to:

Other Conditions: Chronic myocarditis — Duration: 6 mos.
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1228 N Clark St Date signed 3/27/43

G 02667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 S. Athol Ave
(c) Hospital or institution: General German Aged People's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 S. Athol Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) No If yes, name country

3 (a) FULL NAME Christina M. McCoy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Late Ernest McCoy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31. 1867

8. AGE: Years 75 Months 4 Days 27/26 If less than one day hr. min

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Ludwig Barmon
13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Jungkman
15. Birthplace Germany

16 (a) Informant Mr. J. Geo. Waltz
(b) Address 225 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery or crematory Emanuel Luth
Location 2809 Grindon Ave

18 (a) Funeral director Henry H. Kittler
(b) Address 4101 E. Monument Ave

19 (a) Huntingtor Williams, Md.
(Date received by registrar) Registrar

MAR 29 1943

VS 11a

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/27/43 19 5 A.M. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1/43 19 to Mch. 27/43. and that I last saw her alive on Mch. 26/43.

Immediate cause of death — Duration

Coronary Thrombosis. Unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Wade Dewire M. D.

Address 933 Hanover Street Date signed Mch 29/43

G 02668

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 02668 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 W. 24th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 W 24th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MEDFORD B. AUSTIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	w	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1880

8. AGE: Years	Months	Days	If less than one day
63	1	15 25	hr. min.

9. Birthplace Queens Anna Co., Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Thomas Austin
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Bennett
15. Birthplace Delaware

16 (a) Informant Mrs. Eva W. Reese
(b) Address 103 East 25th St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)
(c) Cemetery or crematory Church Hill
Location Queen Anne Co. Md

18 (a) Funeral director Millyard & Son
(b) Address 1217 E Pont St

19 (a) MAR 29 1943 (Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1943, at 7:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death arteriosclerotic cardiovascular disease — Duration
Due to
Due to
Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
(Medical Examiner.)
Date signed 3-29-43

G 02669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02669 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 E 30th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-4
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 714 E 30th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary L Kocher

3 (b) If veteran, name war: W (c) Social Security Account No. [illegible]

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James Henry Kocher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1860

8. AGE: Years 82 | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Gantz
13. Birthplace Pa

MOTHER
14. Maiden Name Schatzer
15. Birthplace Germany

16 (a) Informant Jennie Kocher
(b) Address 714 E 30th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Wilhelm & Son Inc
(b) Address 1217 Park Ave

Filed [illegible] (Date filed by registrar) [illegible]

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1937, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1936 to 3/27 1937, and that I last saw h[illegible] alive on 3/27/1937.

Immediate cause of death: Myocardial Insufficiency — Duration: 2 days
Due to: Myocarditis — 2 years
Due to: Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. White
Address 592 E 22nd St. Date signed 3/29/37

G 02670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02670 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and fully

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 N. Belnord Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Belnord Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANTONIA SPRINGER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or ~~wife~~ Frank Springer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/-/1869

8. AGE: Years	Months	Days	If less than one day
73	4		hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Frances Sladek(daughter)
(b) Address 809 N. Belnord Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) MAR 30 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943, to Jan 25 1943, and that I last saw h alive on Jan 25 1943.

Immediate cause of death Coronary Occlusion
Due to Hypertension Cardiac
Due to Nephritis chronic

Duration 3 hrs 10 1943 1938

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams J Rysavy M.D.
Address 801 Hampton Ave Date signed 3/26/43

VS 3

02671

JL - 566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30D

G 02671
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Daisy(D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5, 1878

8. AGE: Years	Months	Days	If less than one day
64	3 2	22	21 hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name John
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Mason
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 29 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAR 29 1943 Walter Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1943, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 19 43 to 2/26 19 43 and that I last saw h alive on 19

Immediate cause of death — Duration
Cardiac Failure — 7
Due to Syphilitic aortitis — 2
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mathna M. D.
Address U C H Date signed 3/26

VS 180

9942

G 02672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46a

G 02672 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 52 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County -
(c) City or town Chicago
(If outside city or town limits, write RURAL and give town)
(d) Street No. 660 Berry Avenue
(If rural give location)
(e) Citizen of foreign country? - No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH HECKEL

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/1884

8. AGE: Years	Months	Days	If less than one day
58	6	17	hr. - min.

9. Birthplace Morrisfield, Wis.
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business -

FATHER
12. Name Joseph Heckel
13. Birthplace Sherwood, Wis.

MOTHER
14. Maiden Name Augusta Shuck
15. Birthplace Germany

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Removal (b) Date thereof 3 29 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chicago Ill.
Location

18 (a) Funeral director Philip Herrington
(b) Address 202 Albans St

19 (a) [illegible] 1943 Washington Hollinsworth, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION P.

20. DATE OF DEATH March 28, 1943 at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4, 1943, to Mar. 28, 1943, and that I last saw him alive on Mar. 28, 1943.

Immediate cause of death
Carcinoma of esophagus, post operative — Duration Unk.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Experienced no real difficulty until 10/1942.

Date of operation 2/18/43 & 3/17/43
Major findings of operations: As above
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? --
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. F. Palumbo M.D.
Address Baltimore, Md. Date signed 3/29/43 M. D.

No. 44135

G 02673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1310

G 02673 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 934 Poplar Grove St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 934 Poplar Grove St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Ed. Higdon

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 705-05-3496

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Mary Theresa
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Feb. 24 1873

8. AGE: Years	Months	Days	If less than one day
70	1	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county and state)
10. Usual Occupation Machinist Helper
11. Industry or business B. & O.

FATHER
12. Name Wm. Higdon
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Clara Wicken
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Madeline Higdon
(b) Address 934 Poplar Grove

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Annapolis, Rd.

18 (a) Funeral director Fred. D. Krauss & Son
(b) Address 1216 N. Charles St.

MAR 29 1943
(Signature of registrar) Livingston Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/27 1943, at 8.40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came natural to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Arteriosclerotic Cardio-vascular renal disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Was autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 3/29/43.

VS 4

Correct age in especially important. If unknown, please write the causes of death clearly and legibly

G 02674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 02674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 E. 22nd Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 E. 22nd Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah E. Sherman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Louis J. Sherman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1873

8. AGE: Years	Months	Days	If less than one day
69	5	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James Maldoon
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Hitzelberger
15. Birthplace Baltimore

16 (a) Informant Frank G. Sherman
(b) Address 810 E. 22nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Albert W. Berger
(b) Address 440 E. North Ave

19 (Registrar) MAR 29 1943 (Deputy) for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to 3/27 1943, and that I last saw her alive on 3/26 1943

Immediate cause of death Cerebral Hemorrhage. — Duration 14 days
Due to Hypertension
Due to Cerebral Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sol Smith M. D.
Address 1223 E. North Ave Date signed 3/29/43

VS 189

G 02675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 02675 Registered No.

1. PLACE OF DEATH: Md.
(a) Baltimore City, Maryland
(b) Street address 1029 E Clay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Clay St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Downing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife William Downing

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 1868 Va

8. AGE: Years 75 Months Days If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Samuel Parker

13. Birthplace Va.

MOTHER 14. Maiden Name Susie Parker

15. Birthplace Va

16 (a) Informant Rebecca Phillips

(b) Address 541 N Carrollton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St.

19 (a) 3-29-1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24/43, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20/43 to 3/24/43 and that I last saw h[illegible] alive on 3/24/43

Immediate cause of death Broncho Pneumonia — Duration 3 days

Due to Pregnancy Bronchitis — Duration 10 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Williamson

Address [illegible] Date signed 3/29/43

VS 3

C 02676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 02676 Registered No. 131 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 S. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JANNIE LLOYD

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years: 30 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John H. Lloyd.
13. Birthplace Md

MOTHER
14. Maiden Name Georgia Dorsey
15. Birthplace Md

16 (a) Informant Mrs Nellie Lloyd.
(b) Address 616 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Wm Francis A. Kemp
(b) Address 627 W. Fayette St.

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

MAR 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26 1943 at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Chronic glomerulonephritis — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner

Date signed 3-29-43

VS 6

Spec.—6-16-39—L. F. S.—100 Blks.

G 02677 HEALTH DEPARTMENT—CITY OF BALTIMORE G 02677

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Division ST. 14 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Andrew Johnson

(a) RESIDENCE NO. 2006 Division ST., _____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 92 yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche A Johnson

6 DATE OF BIRTH (month, day, and year): Sept. 13 1850

7 AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
92	7 6	1 3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Clothiers

(c) Name of employer: (St M) Kahn Bros. Baltimore

9 BIRTHPLACE (city or town) (State or country): _____

PARENTS

10 NAME OF FATHER: Wilson Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Elkton Md.

12 MAIDEN NAME OF MOTHER: Anna Maria Herman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mississippi

14 Informant: Blanche A. Johnson

(Address) 2006 Division

15 Filed APR 29 1943 19 _____ Transcribing for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26 43

17 I HEREBY CERTIFY, That I attended deceased from January 25, 1943 to March 26, 1943

that I last saw him alive on March 25, 1943

and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) - Senility - Cystitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Jno. G. Wright M. D.

3/27, 1943 (Address) 209 Washington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 3-31 1943

20 UNDERTAKER: Mrs Frances A. Hensley

ADDRESS 578 W. Baltimore St

G 02678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

G 02678

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 N. 36th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town, insert "RURAL" and give town)
(d) Street No. 809 N. 36th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James B. Hessong

3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-09-1219

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edith Erwin Hessong
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb. 19-1867
8. AGE: Years 76 | Months 1 | Days 8 | If less than one day: ____ hr. ____ min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Mech. - Baltimore Chamber of Commerce
11. Industry or business:

FATHER
12. Name: John Thomas Hessong
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Margaret Mullen
15. Birthplace: Maryland

16 (a) Informant: Mrs. Edith Erwin Hessong
(b) Address: 809 N. 36th Street

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof: March 30-1943 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Maryland

18 (a) Funeral director: Horace H. Burgee
(b) Address: 3631 Falls Road

19 (a) MAR 29 1943 (Date received by registrar) (b) ____ Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Mar 27 1943, and that I last saw him alive on March 27 1943.

Immediate cause of death

Duration

Due to Myocardial failure

Due to Prostatic adenocarcinoma

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation March 1942

Major findings of operation: Adenocarcinoma of prostate

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ____ M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Smith M. D.
Address 3429 Chestnut Ave Date signed 3/29/43

Write age in space if not known. Physicians: please write the causes of death clearly and legibly.

G 02679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 c

G 02679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DTH
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2242 Cedley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MACK LEE BLOUNT

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1900

8. AGE: Years 43 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Blount County Ga (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Cotton Ring's

FATHER
12. Name Wm T. Blount
13. Birthplace Glynn Co Ga

MOTHER
14. Maiden Name Ellen Norton
15. Birthplace Glynn Co Ga

16 (a) Informant Wm T. Blount
(b) Address 2242 Cedley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Brunswick Ga
Location Brunswick Ga

18 (a) Funeral director Thos F. Kenny
(b) Address 16 Lost Hollins St

19 (a) (Date received by Registrar) MAR 29 1943 H. Hastings for Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1943, at 5 50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquest) find that said deceased came to his death on the day stated above

Immediate cause of death: Bullet wound of head

Due to homicide

Due to mental despondency

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 28, 1943 at 4 PM
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Revolver

23. Signature W. W. Waltemeyer Asst Medical Examiner M.D.

Date signed 3-24-43

G 02680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02680 Registered No. 952

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Eutaw Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Cox

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min
1	6			

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

MAR 29 1943
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27- 1943 at 11 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry found that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Chronic Rheumatic Cardiac Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner

Date signed 3-27-43

02681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 02681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore & Ohio R.R. Building, Charles St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John R. Ahalt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife Adie Ahalt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	6	3		

9. Birthplace Middletown, Md. Frederick (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Joshua D. Ahalt
13. Birthplace Middletown Md.

MOTHER
14. Maiden Name Laura Shafer
15. Birthplace Middletown, Md.

16 (a) Informant Albert Ahalt
(b) Address Middletown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/43 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cemetery
Location Middletown, Md

18 (a) Funeral director Gladhill Co.
(b) Address Middletown Md

19 (a) MAR 30 1943 (Date received) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 2 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry found that said deceased came to his death on the day stated above.

Immediate cause of death. Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed March 29 1943

VS 6

02682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

Registered No. G 02682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4'
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural - Owings Mills Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wyndcrest ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Bobbitz

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-6923

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1880

8. AGE: Years	Months	Days	If less than one day
62	8	10	hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Contractor.

11. Industry or business

FATHER
12. Name Jacob Bobbitz
13. Birthplace Md Deceased

MOTHER
14. Maiden Name Olivia Philis
15. Birthplace Md

16 (a) Informant Mrs Roy Gill
(b) Address Reisterstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30 43 (month) (day) (year)

(c) Cemetery or crematory All Saints
Location Reisterstown Md.

18 (a) Funeral director J. F. Cline & Sons
(b) Address Reisterstown Md.

19 (a) MAR 30 1943 Huntington Williams M.D.
(Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29 1943 at 8:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1943 to 3/29 1943.
and that I last saw him alive on 3/29 1943.

Immediate cause of death: Cardio respiratory failure — Duration

Due to Pneumonia

Due to Broncho fenic Ca.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/26/43.

Major findings of operation: Broncho fenic Ca. R Lung.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Patrick C Thelan M.D.

Address Mercy Hospital Date signed 3/29/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a

Registered No. G 02683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 N Howard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SHERIDAN, Beulah Nell

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-14-4266

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M (Separated)

6 (b) Name of husband or wife Eli Sheridan
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) April 8 1906

8. AGE: Years	Months	Days	If less than one day
36	11	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Saleswoman
11. Industry or business Millinery Store

FATHER
12. Name William Woodbury
13. Birthplace New Hampshire

MOTHER
14. Maiden Name Julia Suydam
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director William Cook Inc
(b) Address 12 E St Paul Street

MAR 30 1943 (Registered Number) (Signature) for Williams Mort Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1943, to Mar 29 1943 and that I last saw her alive on Mar 29 1943.

Immediate cause of death Rupture of ? aneurism ? rupture of cerebral vessel Dr.
Due to meningitis
Due to pneumococcus Type III
Other Conditions Arteriosclerosis, hypertension, Lues
(Include pregnancy within 3 months of death)
Major findings: otitis media
Of operations
Of autopsy Not reported

Duration
6 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith M.D.
Address Sydenham Hospital Date signed 3-29-43

correct age if especially important. If unknown, please write the causes of death clearly. Use ink.

VS 5

02684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. C 02684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3816 S 3rd St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 3816 S Third St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Emily Murphy

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John R. Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11 1872

8. AGE: Years 70 | Months 5 | Days 17 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Joseph H Gates
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Maria Hayes
15. Birthplace Emmitsburg

16 (a) Informant Emma Murphy
(b) Address Lowell Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery St. Pauls Lutheran
Location Fulton, Md. near Laurel

18 (a) Funeral director Wilhelm Bros Inc
(b) Address 1219 E Pratt St

19 MAR 30 1943 (Date rec'd by Registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1943 at D 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943 to March 28 1943 and that I last saw her alive on 3-27-1943

Immediate cause of death Uremia — Duration 3 days

Due to Arteriosclerosis Cardio renal Renal — 10 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin Fleming, M.D.
Address 904 W. Balto St. Date signed 3-29-43

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

Registered No. G 02685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3109 Royston Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Royston Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jonna M Kelly

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ada
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 22. 1868
8. AGE: Years 74 | Months 11 | Days 7 | If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Engineer
11. Industry or business: R R Co

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs Ada Kelly
(b) Address: 3109 Royston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md

18 (a) Funeral director: Pellham & Son
(b) Address: 1217 E Fayette St

MAR 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1943 to 3-29-1943, and that I last saw alive on 3-28-1943.

Immediate cause of death: Uremia — Duration: 1 week
Due to: Arteriosclerotic cardio-renal disease — Duration: Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Geo B Lyhert M.D.
Address: 2302 Harford Rd Date signed: 3-29-43

VS 3

02686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 ✓

G 02686 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4900 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 W. Franklin st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Byrnes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband Clarence H. Byrnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28th 1865

8. AGE: Years	Months	Days	If less than one day
77	8	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Belt
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant Clarence H. Byrnes
(b) Address 1818 W. Franklin st

17 (a) Burial (b) Date thereof 3/30/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAR 30 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27th 1943, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943, to March 27 1943 and that I last saw him alive on March 24 1943.

Immediate cause (Disease)	Duration
Chronic Myocarditis & Senility	2 mos
Due to	
Due to	
Other Conditions Old Coronary occlusion 1 yr	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Johnson
Address 403 Medical Arts Bldg Date signed 3-29-43

VS 3

G 02687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 02687
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Madison
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 11
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Charlestown (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 71 years

3 (a) FULL NAME Mrs. Elizabeth B. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced (In) Widow Jackson

6 (b) Name of husband or wife? Scott Jackson

6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1871

8. AGE: Years 71 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George W. Barnes
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rachel Kirby
15. Birthplace Baltimore

16 (a) Informant Edith Barnes
(b) Address Charlestown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location Havre de Grace, Md

18 (a) Funeral director Lee A. Patterson & Son
(b) Address Perryville, Md

19 (a) (Date rec'd by registrar) (b) Huntington Mfg. Co. Havre de Grace, Md.

MAR 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death
Diabetes Mellitus
Due to
Due to
Other Conditions Gangrene of left foot
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Herman Williams M. D.
Address Maryland General Hosp. Date signed 3/30/43

correct age is especially important. Physicians: please write the causes of death clearly and

G 02688 ✓ G 02688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. _____

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 N. Fremont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt md
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No?) If yes, name country _____

3 (a) FULL NAME Sallie Smith

3 (b) If veteran, name war _____ 3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col	Widowed

6 (b) Name of husband or wife Frank Smith 6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 10 1870

8. AGE: Years	Months	Days	If less than one day
73	-	17	_____ hr. _____ min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Hsw
11. Industry or business

FATHER
12. Name W. H. Brooks
13. Birthplace Va.

MOTHER
14. Maiden Name unknown
15. Birthplace Va

16 (a) Informant Mrs Maggie Diggs
(b) Address 113 N Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6. 1943 (month) (day) (year)
(c) Cemetery or crematory Hamburg Cemetery Location Matthews County Va

18 (a) Funeral director Joseph A. Privitt
(b) Address 4 Monument Street

19 (a) MAR 30 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 2.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1943, to March 27 1943, and that I last saw h[illegible] alive on March 26 1943.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation _____
Major findings of operations _____
_____
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Wm. Pettitt M. D.
Address 817 Hollins St Date signed March 29 1943

VS 5

G 02689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 02689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 W. Conway St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. Conway St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jeanette Bedford.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife Franzell Bedford
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1911

8. AGE: Years	Months	Days	If less than one day
31	3	4	hr. min.

9. Birthplace Woodruff. S.C. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name John Woodruff.
13. Birthplace Unknown

MOTHER
14. Maiden Name Sallie Tigg
15. Birthplace Unknown

16 (a) Informant Franzell Bedford
(b) Address 610 W. Conway St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1. 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City.

18 (a) Funeral director Joseph A. Lively.
(b) Address 409 North Mount Street.

19 (a) (Date received) MAR 30 1943 (b) Filed MAR 31 1943 Hunting to Wilkinson, M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1943 at 6:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1942 to Mar 28 1943 and that I last saw her alive on Mar 27 1943.

Immediate cause of death Pulmonary Tuberculosis. — Duration 4 mo.

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W. Garvin
Address 665 W. Baru St. Date signed 3/29/43 M.D.

BALTIMORE CITY HEALTH DEPARTMENT

G 02690 **CERTIFICATE OF DEATH** 111c G-02690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 681 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JUANITA KELLUM

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	married

6 (b) Name of husband or wife Vernon Kellum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1923

8. AGE: Years	Months	Days	If less than one day
19	9	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Garey
13. Birthplace Ohio

MOTHER
14. Maiden Name Beatrice Smith
15. Birthplace Maryland

16 (a) Informant Vernon Kellum
(b) Address 681 W Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Chas Wolfe
(b) Address 1000 Granby

19 (a) MAR 30 1943 (Date rec'd by registrar) Hunting for signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25 1943 at 6P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said * find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)
(Autopsy or Inquiry)

Immediate cause of death — Duration
Pulmonary edema
Due to Cause undetermined
Due to (over)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Z Wollenweber M.D.
Medical Examiner.
Date signed 3-26-43

VS 4

G 02691 ✓ G 02691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 162 R

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights
(c) Hospital or institution: Mt. Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ABNER ROBINSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 21

8. AGE: Years	Months	Days	If less than one day hr.	min.
92				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Family Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mill Rd
Location Woodlawn Mill Rd.

18 (a) Funeral director Jack Levenson
(b) Address 1439 E. Balto St

19 (a) MAR 30 1943 Registered by registration district (b) Signature for Williams M.R. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/ 1943 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1943 to March 29 1943 and that I last saw h[i]m alive on March 29 1943.

Immediate cause of death: Senility

Due to

Due to Cardiac Thrombosis

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex Attianese M. D.
Address 4438 K Kds Ave Date signed 3/29/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

G 02692 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and fully

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Lt
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Penna Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOLOMON DOLGIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
64				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor - Self
11. Industry or business

FATHER
12. Name Jacob Dolgin
13. Birthplace Russia

MOTHER
14. Maiden Name Rivas
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (month) (day) (year)
(c) Cemetery or Crematory Rosedale
Location Post Rd & Hamilton Ave

18 (a) Funeral director Jewish Funeral Directors
(b) Address 1139 Eutaw Place

19 (a) MAR 30 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29 1943, at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1943, to 3/29 1943, and that I last saw h[illegible] alive on 3/29 1943.

Immediate cause of death Circulatory failure Duration
Due to Myocardial Infarction
Due to Coronary Occlusion
Due to
Other Conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. O. Goldstein M. D.
Address Sinai Hospital Date signed 3/29/43

VS 2

G 02693 m&m

80500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 02693 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Aliceanna St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Dakowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-0288

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Irma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 30, 1911

8. AGE: Years	Months	Days	If less than one day
32	11	28	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name John Dakowski
13. Birthplace Prussia

MOTHER
14. Maiden Name Mary Puruleska
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address 494 East [illegible] Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. J. Sadowski & Sons
(b) Address 1866 Eastern Ave

19 Mar 30 1943 (b) Huntington Williams M.D.
(Date filed by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29-43 19 . at 2.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27/ 1943 to 3/28/ 1943 and that I last saw h[illegible] alive on 3/28/ 1943.

Immediate cause of death Bronchopneumonia
Duration 2 days
Due to Alcoholism Chronic.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. L. Schmidt
Address Balt. City Hosp. Date signed 3/28/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G 02694

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? Yes Yes or No
If yes, name country

3 (a) FULL NAME Katherine Anthony

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Geo. W. Anthony 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29-1876

8. AGE: Years 66 67 | Months 8 | Days 28 | If less than one day hr. min

9. Birthplace Baltimore, Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Chesley
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Ella Gilpin
15. Birthplace Richmond Va.

16 (a) Informant Mrs Cora Hawkins
(b) Address 2521 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1-43 (month) (day) (year)

(c) Cemetery or crematory National
Location Balto Md

18 (a) Funeral director J. P. Lunberry
(b) Address 519 Mosher St

19 (a) (Date received by registrar) (b) Registrar

VS MAR 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1943 to March 27 1943, and that I last saw h[illegible] alive on March 27 1943

Immediate cause of death: Hypertensive Heart Disease
Due to Generalized Arteriosclerosis
Due to
Other Conditions Mitral Stenosis, Diabetes Mellitus
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(e) Means of injury

23. Signature [illegible]
Address Provident Hospital Date signed 3-29-43 M. D.

G 02695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02695 Registered No. 8202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 W Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 W. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Parker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colo | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Robt Rubin Parker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) March 1 1895

8. AGE: Years 48 | Months - | Days 27 | If less than one day hr. min.

9. Birthplace Charles Co Md (Town, county, state or foreign country)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Frank Boardley

13. Birthplace Charles Co Md

MOTHER 14. Maiden Name Nancy Stewart

15. Birthplace Charles Co Md

16 (a) Informant Rubin Parker

(b) Address 224 W. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31 1943 (month, day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location A A Co. Md.

18 (a) Funeral director Robt. J. Williams

(b) Address 15 N Eutaw St

19 (a) MAR 30 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1943 at 1.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1943, to March 28 1943, and that I last saw h[illegible] alive on Mar 28 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 12 hours

Due to

Due to

Other Conditions Grippe Bronchitis (Include pregnancy within 3 months of death) — 5 days

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Petterson M. D.

Address 817 Hamilton Ter Date signed Mar 28 43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02696 / 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 E. 28th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 323 E 28th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DIANNE JEANNETTE MILLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1942

8. AGE: Years	Months	Days	If less than one day
--	6	25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Herbert Edward Miller
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Jane Myers
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Jeannette Myers
(b) Address 323 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) MARRIED (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1943, at 60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation ho
Major findings of operation:

of autopsy: Yes

PHYSICIAN
(Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner
Date signed 3-28-43

Correct age is especially important. Physicians: please write the causes of death clearly and fully. Do not use abbreviations. Underline the cause to which death should be charged statistically. Do not report symptoms of modes of dying. Please report only one principal cause of death on each line. Additional causes may be added if necessary. Please answer all questions. Use ditto marks only when they will not be misunderstood. Please write plainly with pen and ink. Report RACE only as White, Negro, Indian, Chinese, Japanese, etc.

G 02697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/71a

G 02697 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore City Hospitals (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE L. MILLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	widower

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1866

8. AGE: Years	Months	Days	If less than one day
76	8	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Mrs. Theresa Franey
(b) Address 4707 Delaware Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAR 30 (Date rec'd by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1943, at 11:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) and (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Mar 27, 1943 at 10 P.M.
(c) Where did injury occur? Eastern Ave & Bond (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Yes (Specify type of place) While at work? No
(e) Means of injury pedestrian struck by

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner)
Date signed 3-29-43

stricken

G 02698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Maple Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Fitzsimmons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28 1943

8. AGE: Years | Months | Days | If less than one day 9½ hrs min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Vincent Fitzsimmons
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Constance Rita Messer
15. Birthplace Brooklyn N. Y.

16 (a) Informant Mrs Constance R. Messer
(b) Address 1255 Maple Ave, Arbutus, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)

(c) Cemetery or crematory St Peters
Location Balto Md

18 (a) Funeral director George A Stanley
(b) Address Fulton & Fayette

MAR 30 1943
(Date rec'd by registrar) (Signature of registrar) Wm. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28, 1943, to March 29 1943, and that I last saw h[illegible] alive on March 29, 1943.

Immediate cause of death: Congenital atelectasis — Duration 9½ hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L J Koenig M.D.
Address Bon Secours Hosp Date signed 3/29/43

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and correct age is especially important.

G 02699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 02699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 Greenmount Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3510 Greenmount ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MELCHIOR Budacz

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 - 1877

8. AGE: Years 66 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Business Mgr.

11. Industry or business Furniture

FATHER
12. Name Thomas Budacz
13. Birthplace Poland

MOTHER
14. Maiden Name Maria Urbanski
15. Birthplace Poland

16 (a) Informant Marie Budacz
(b) Address 3510 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount ave

18 (a) Funeral director W. L. Gialkowski
(b) Address 2007 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Hunting & Williams Wks

MAR 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1942 to March 26 1943, and that I last saw him alive on March 25 1943.

Immediate cause of death
a Coronary Thrombosis — Duration 1 wk
Due to Arteriosclerotic Cardiovascular Renal Disease — 1 yr.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Mark M.D.
Address 1331 E. Lath ave Date signed 3-29-43

correct age is especially important. Physicians: please write the causes of death clearly and

G 02700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02700 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1907 WILKINS AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 WILKINS AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCIS AFFAYROUX

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215-05-9675

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife LYDIA AFFAYROUX
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 12 1881

8. AGE: Years	Months	Days	If less than one day
62	1	15	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation ELEVATOR OPERATOR
11. Industry or business

FATHER
12. Name JAMES AFFAYROUX
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARY HATTON
15. Birthplace BALTO. MD.

16 (a) Informant JAMES AFFAYROUX (SON)
(b) Address 1907 WILKINS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 31/43 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 1403 S. WOLFE ST.

19 MAR 30 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) E. J. Pearson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 27 1943 at 8 pM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1943 to 3/27 1943 and that I last saw him alive on 3/26 1943

Immediate cause of death: Pulmonary Embolism — Duration

Due to: Bronchio pneumonia — 10 days

Due to: Chronic myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Calas M.D.
Address 4 N. Fulton Ave Date signed 3/30/43

VS 8

G 02701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 02701
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1039½ Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1039½ Mulberry St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ben Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race C

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Annie Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July-4-67

8. AGE: Years 75 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Kings & Queen Co. Va
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

MOTHER / FATHER

12. Name Anderson Scott

13. Birthplace King & Queen Co. Va

14. Maiden Name Rebecca Squires

15. Birthplace Va.

16 (a) Informant Annie Scott

(b) Address 1039 W. Mulberry St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Mt. Winans

18 (a) Funeral director Mrs Hattie R. Williams

(b) Address 343 N. Schroeder St

19 MAR 30 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 1:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21, 1943, to March 25 1943 and that I last saw h in alive on 3/25/43 1943.

Immediate cause of death
Diabetes Mellitus
Gangrene of rt. foot
Due to Myocardial degeneration
Due to Arteriosclerosis

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
7
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Walter Sherrington M. D.
Address 201 N Carey St. Date signed 3/30/43

VS 3

G 02702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02702

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 N Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 N Fremont Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Bunka Jordon
3 (b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife John Jordon
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 15, 1892
8. AGE: Years 50 | Months 4 | Days 12 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Bunka
13. Birthplace Va

MOTHER
14. Maiden Name Ada Jordan
15. Birthplace Va

16 (a) Informant Josephine Battle
(b) Address 526 Bruns St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-31-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto-Westminster (Westport)

18 (a) Funeral director Mrs. Katie R. Wilson
(b) Address 333 N. Delaware Ave

19 (a) Date received APR 30 1943 (by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1943 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to March 27 1943 and that I last saw him alive on March 29 1943.

Immediate cause of death: Cardio-Vascular Disease — Duration 1½ yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hallman H. Williams M.D.
Address 513 N. Washington Ave Date signed 3/29/43

G 02703

BGM 79582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02703

Registered No. 46M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Freamount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1866

8. AGE: Years	Months	Days	If less than one day
76	10	8	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Caroline Jones
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mo. Winans

18 (a) Funeral director Mrs Katie L Williams
(b) Address 3221 Schroeder St

19 (a) (b) Huntington Williams, M.D. Registrar

MAR 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26 1943, at 4 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1943 to 3-26 1943 and that I last saw h alive on 3-26 1943

Immediate cause of death
? Bronchopneumonia
Due to ? Malignancy of St Tract

Duration 1 wk 6 mo?

Due to

Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald R Stott M. D.
Address Balto City Hosp Date signed 3-29-43

G 02704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 150

G 02704
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Vincent St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY MATTHEWS HAWKINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18 - 1887

8. AGE: Years 55 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Kent Co. Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name George Comegys
13. Birthplace Kent Co. Md.

MOTHER
14. Maiden Name Sarah Elizabeth ?
15. Birthplace Kent Co. Md

16 (a) Informant Sarah Williams
(b) Address 706 N. Vincent St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-30-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26 19 , at 10 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Carcinoma of breast — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed Mar 26, 1943

VS 6

Register 02705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02705
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary 26

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5044 Erdman Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Betty Rose Custer

3 (b) If veteran, name war

3 (c) Social Security Account No. 175-16-9819

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1920

8. AGE: Years	Months	Days	If less than one day
22	7	12	hr. min.

9. Birthplace Stoyestown, Pa.
(Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business American Stores

FATHER
12. Name Andrew Custer
13. Birthplace Stoyestown, Pa.

MOTHER
14. Maiden Name Irene Sorber
15. Birthplace Bedford Co., Pa.

16 (a) Informant Mr. Andrew Custer
(b) Address 5044 Erdman Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43. (month) (day) (year)
(c) Cemetery or crematory Johnstown, Pa.
Location

18 (a) Funeral director Wm. J. Pickerell Sons
(b) Address North & Pa. aves.

19 MAR 30 1943 (Date received by Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 12 4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Abortion, self induced; gangrene & septicemia — Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Abortion self-induced
(b) Date of occurrence March 17 1943 at ? M
(c) Where did injury occur? 5044 Erdman Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Ingestion of Quinine

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 30 1943

Correct age is especially important. Physicians: please write the causes of death clearly and fully. Use only accepted medical terminology. Information should be complete.

G 02706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G 02706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2809 Eichodale Avenue
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10-2-7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Glenwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Caroline Greener

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21 - (71)

8. AGE: Years	Months	Days	If less than one day
70	2	7	— hr. 15 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House work.

11. Industry or business

FATHER
12. Name John Frederick Greener
13. Birthplace Baltimore

MOTHER
14. Maiden Name Wilhemina J. Gillgacka
15. Birthplace Baltimore

16 (a) Informant Dr. M Cole
(b) Address 6014 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director Leonard Hyatt
(b) Address 1305 Harford Rd.

MAR 30 1943 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943 at 12-15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1943 to Mar. 29 1943, and that I last saw her alive on March 29, 1943.

Immediate cause of death	Duration
Pulmonary Edema	1 hr.
Due to Chronic Myocarditis	2 yrs.
Due to Chronic Nephritis	4 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Cole M. D.
Address 6014 York Road Date signed 3-29-43.

VS 1

H 31219
G 02707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46B

G 02707
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Date of birth is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State TENN (b) County
(c) City or town Bristol
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 BROAD St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Blades

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-24-85

8. AGE: Years 57 | Months 10 | Days 6 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Lumber Inspector

11. Industry or business

FATHER
12. Name FRANK BLADES
13. Birthplace Md

MOTHER
14. Maiden Name Louise Kemp
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1943 (month) (day) (year)

(c) Cemetery or crematory
Location Butler, Texas

18 (a) Funeral director John O. Mitchell Undertaking Co
(b) Address 1909 Eutaw Place, Huntington Williams MD

(a) Registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 30 1943. at 12.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 10 1943. to MAR 30 1943.
and that I last saw him alive on MAR 30 1943.

Immediate cause of death EMPYEMA LEFT CHEST — Duration

Due to BREAKDOWN OF SUTURE LINE FOLLOWING RESECTION FOR CA OF STOMACH & ESOPHAGUS FOR CA OF STOMACH

Other Conditions
CARDIAC DILATATION, PULMONARY EDEMA
(Include pregnancy within 3 months of death)
Date of operation 3-17-43 3-26-43
Major findings of operation: CA of Stomach
of autopsy: SAME

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Johns Hopkins Hospital Signed 4/6/43

VS 150

G 02708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 02708 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Harlem Ave
(c) Hospital or institution: —
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Sayers

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 3418 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Crum

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry A. Crum
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb 24 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	1	4		1827

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John M. Faulk
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Mehl
15. Birthplace Germany

16 (a) Informant Henry A. Crum
(b) Address 3418 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md

18 (a) Funeral director E. B. WIPPERT SON
(b) Address Baltimore Maryland

MAR 30 1943

(c) Signature of registrar Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1943 at 5 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1943 to Mar 28 1943 and that I last saw h[illegible] alive on Mar 27 1943

Immediate cause of death
1. Cerebral Hemorrhage
Due to Carcinoma of Breast
Due to
Other Conditions Hypertension

Duration 14 Days / Many Years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Kingsbury M.D.
Address 921 Mt. Vernon Pl Date signed 3/30/43 M. D.

G 02709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02709 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~cross out~~ days) 55
(e) Length of stay in Baltimore (~~cross out~~ days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Elkton - R.F.D.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wanda Marie Coale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, ~~cross out~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1926

8. AGE: Years 16 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Harold Webster Coale
13. Birthplace Maryland

MOTHER
14. Maiden Name Rega Thompson
15. Birthplace Maryland

16 (a) Informant Harold W. Coale
(b) Address Elkton, Md. R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)
(c) Cemetery or crematory Wesleyan Chapel
Location Harford Co. Md.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havre de Grace Md.

MAR 30 1943 Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943 at 5:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1943 to Mar. 30 1943 and that I last saw h~~e~~r alive on Mar. 30, 1943

Immediate cause of death Anemia — Duration

Due to Lupus Erythematosus Disseminatus — 10 Mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard, M.D.
Address Union Memorial Hosp. Date signed 3/30/43

02710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 02710
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 N. Chester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Gardner 80455

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: sep

6 (b) Name of husband or wife: Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1908

8. AGE: Years 34 | Months 8 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Grover Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Viola Wolf
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (month) (day) (year)

(c) Cemetery or crematory Smithsburg town
Location Smithsburg Md

18 (a) Funeral director H. K. Nethken
(b) Address Hagerstown Md

19 (a) (b) (year) Registrar

MAR 31 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943 to March 30 1943, and that I last saw her alive on March 30 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 1 yr?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W S Hayte M. D.
Address Balto City Hosp Date signed 3/30/43

02711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √14

Registered No. 02711

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 110 N. Calhoun

(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Weeks

(e) Length of stay in Baltimore (yrs., mos., or days) 1 Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 118 N. Calhoun (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Belle Hutchinson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1922

8. AGE: Years	Months	Days	If less than one day
20	2 3	2 1 29	hr. min.

9. Birthplace Reading Gap, Pennsa (Town, county, and state)

10. Usual Occupation Student Nurse

11. Industry or business Franklin Square Hosp

FATHER

12. Name Unknown Hutchinson

13. Birthplace "

MOTHER

14. Maiden Name Beulah Banks

15. Birthplace Unknown

16 (a) Informant Hospital Records

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 31 1943 (month) (day) (year)

(c) Cemetery or crematory McCullough Mills

Location McCullough Mills, Penna

18 (a) Funeral director William Cooke Inc

(b) Address 1217 St. Paul St.

19 MAR 31 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943, to Mar 30 1943 and that I last saw her alive on 3-30 1943.

Immediate cause of death: Tuberculous Meningitis — Duration: 3 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J E Goodman Jr. M. D.

Address Franklin Sq Hosp Date signed

VS 2

G 02712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G 02712

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4336 Glenmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Evangeline P Hudgins

3 (b) If veteran, name war NO
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Separated

6 (b) Name of husband or wife Monroe H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1877

8. AGE: Years 66 | Months 0 | Days 21 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Wilborn T Hudgins
13. Birthplace N C

MOTHER
14. Maiden Name Mary A Reid
15. Birthplace N C

16 (a) Informant Beatrice A Layton
(b) Address 1342 Eden St B C Huntington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilborn C Hall Inc
(b) Address 1219 E Fort Ave

19 (a) MAR 31 1943 (Date received by local registrar) (b) Huntington Williamsport Md

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 4:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from D.C. 1942 to 3/29 1943, and that I last saw h.e alive on 3/25 1943

Immediate cause of death Carcinoma Stomach — Duration 4 mo

Due to

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J S Hudgins
Address 4810 Reid Date signed 3/30/43 (M. D.)

correct age is especially important. Physicians: please write the causes of death clearly and carefully. The

G 02713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 02713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 245 S. Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 245 S. Central Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond David Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-407

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Edith Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1886

8. AGE: Years	Months	Days	If less than one day
56	7	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Fire Watch
11. Industry or business Bet. Ship Yard

FATHER
12. Name Charles Miller
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Kate Roder
15. Birthplace Baltimore, Md.

16. (a) Informant Theodore Miller
(b) Address 245 South Central Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Old Donnell St. Pikesville

18 (a) Funeral director Williams Boot Sons
(b) Address 1217 Ok Paul Street

19 (a) MAR 31 1943 (b) Huntington Williams M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 11 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to Marked coronary arteriosclerosis

Due to Cardiac hypertrophy and dilatation.

Other Conditions Fracture of ribs, left

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident, 1938
(b) Date of occurrence March 30 1943 at 10:45 PM
(c) Where did injury occur? Pier 11 to Canton Excursion Boat Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? S.S. Fuchow bank While at work? Yes No
(Specify type of place)
(e) Means of injury Slipped on deck. Struck by pulley
23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed March 30 1943

V8 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

C 02714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 02714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson Ave & Monroe
(c) Hospital or institution: Baptist Church
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Elliott Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE M. TYDINGS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Jennie Ann Tydings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 - 1862

8. AGE: Years 81 | Months - | Days 24 | If less than one day hr. min.

9. Birthplace Aberdeen, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Richard Tydings
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Ann. Wells
15. Birthplace Md

16 (a) Informant Mrs. Thomas Leonard
(b) Address 2206 Elliott Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 31 - 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore

18 (a) Funeral director George L. Schwartz
(b) Address 2101 Frederick Ave

19 MAR 31 1943 (Date Rec'd by local registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1943, at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquest) obtained by said " find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 3-28-43

VS 6

G 02715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02715 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 7
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 Hildale ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Epstein

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business General

FATHER
12. Name Louis Epstein
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Greenberg
15. Birthplace Russia

16 (a) Informant Sonnie Epstein
(b) Address 6105 Park Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (month) (day) (year)
(c) Cemetery [redacted], Sharrie Jsion
Location Rosedale

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto St

19 (a) MAR 31 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1943, at 12:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25, 1943, to Mar 31, 1943, and that I last saw h[illegible] alive on Mar 31, 1943.

Immediate cause of death — Duration

Myocardial Infarction
Due to Coronary Occlusion
Due to Arteriosclerotic CVD
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Irving P. Sountz
Address Sinai Hospital Date signed 3/31/43 M. D.

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

G 02716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 02716

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights
(c) Hospital or institution: Mt Sinai Home
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 53

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or incorporate limits, write RURAL, and give town)
(d) Street No. 4613 Park Heights
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Esther Carr Taylor

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Mauro Taylor
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 79 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business None

FATHER
12. Name Louis
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Isaac H. Taylor
(b) Address Elliott City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Vacian Corp.
Location Rosedale

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St.

19 (a) MAR 31 1943 Huntingtown Maryland Registrar
(Registrar's signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1943 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1943 to March 30 1943, and that I last saw her alive on March 30 1943.

Immediate cause of death: Gangrene - arteriosclerotic left lower extremity — Duration: March 1 1943

Due to

Due to

Other Conditions: Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Millard E. Lawrence M. D.
Address 501 Park Heights Ave Date signed 3-30-43

G 02717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 02717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2601 Hawfden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Carroll
(c) City or town Hampstead (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W Ruby.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Maried

6 (b) Name of husband or wife Annie Miller Ruby

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 28 - 1874

8. AGE: Years 68 | Months 11 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired farmer

11. Industry or business

FATHER
12. Name Henry Ruby
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Leppo
15. Birthplace Maryland

16 (a) Informant Mrs Chas Ruby
(b) Address Hampstead Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof apr 2/43 (month) (day) (year)
(c) Cemetery or crematory Hampstead
Location Carroll Co. Md

18 (a) Funeral director Edw C Tipton
(b) Address Hampstead, Md

MAR 31 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 7:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1943, to March 30, 1943, and that I last saw him alive on March 30, 1943.

Immediate cause of death: Carcinoma of Stomach with toxemia metastasis — Duration 4 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Weiss M.D.

Address 1927 E North Ave. Date signed 3/31/43.

M. D.

C 02718
AB-15947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

C 02718
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15Yr.---7mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 876 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles E. Price or Charles E. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) -?-?-1873or1874

8. AGE: Years: 69or70 | Months: ? | Days: ? | If less than one day: hr min

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer-Plaster

11. Industry or business

FATHER
12. Name John H. Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Kemp
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1 1943 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton

18 (a) Funeral director Maurice E. Dawson
(b) Address Easton Md.

19 MAR 31 1943 (b) (Date received by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29 1943 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10 1929 to 3-29 1943 and that I last saw alive on 3-29 1943

Immediate cause of death: Bronchopneumonia — Duration: 1wk

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-12-43

Major findings of operation: Cataract RE Eye

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Kelly
Address Balt City Hosp Date signed 3-31-43

VS 180

2719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02719

Registered No. 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt. Md
(c) City or town Balto
(If outside city limits, write RURAL and give town)
(d) Street No. 1 Woodbrook Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy B. Heaps. Twin #2

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife None.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 43.

8. AGE: Years	Months	Days	If less than one day
0	-	-	12 hr. 0 min.

9. Birthplace Church Home & Hospital (Town, county, and state)
10. Usual Occupation None
11. Industry or business None.

FATHER
12. Name George Lester Heaps.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Elizabeth Ford
15. Birthplace Monkton Md.

16 (a) Informant Father.
(b) Address Monkton Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 30 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAR 31 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1943, to March 29 1943 and that I last saw him alive on March 29 1943.

Immediate cause of death	Duration
Prematurity 28 wks.	
Due to Multiple pregnancy	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. David Bernard M. D.
Address Church Home Hospital Date signed 3/29/43

VS 3

1944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 02720
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Calhoun Sts Balto, Md.
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Gough St.
(Use usual place of location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Margaret Johns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1943

8. AGE: Years	Months	Days	If less than one day
			14 hrs. min.

9. Birthplace Franklin Square Hosp.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name George Peter Johns
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Sabina Mary Muller
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. George Johns
(b) Address 1812 Gough Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAR 31 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1943 at 9 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1943 to 3/24 1943. and that I last saw her alive on 3/24 1943.

Immediate cause of death prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Signed 3/29/43

VS 150

9947

2721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 02721
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Calhoun
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1/2 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2838 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Bramble

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1943

8. AGE: Years	Months	Days	If less than one day
		1/2	hr. min.

9. Birthplace Franklin Square Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Phillips Lycurgus Bramble
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Louise Julia Pritchett
15. Birthplace Toddsville, Md.

16 (a) Informant Mrs. Phillips Bramble
(b) Address 2838 Edmondson Ave., Balto. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL MAR 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAR 31 1943 Huddleston Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1943, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21 1943 to 3/22 1943, and that I last saw him alive on 3/22 1943.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dean Hartman, M.D.
Address Franklin Square Hospital Date signed 3/26/43

VS 150

9948

G 02722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G 02722 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 Jefferson Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Seddon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mc L. Seddon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1880

8. AGE: Years 63 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Richard Proctor
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace Md

16 (a) Informant Mc Proctor Jr.
(b) Address 4317 Shamrock Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Balto Md

18 (a) Funeral director Philip Deering Sons
(b) Address 2024 Eutaw St

19 (a) MAR 31 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/43 19 . at 12 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1943, to 3/29 1943 and that I last saw h[illegible] alive on 3/29 1943.

Immediate cause of death Respiratory paralysis — Duration

Due to anesthesia

Due to

Other Conditions Diabetes, Diabetes gangrene
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morton L. Hamburger M.D.
Address Sinai Hosp Date signed 3/29

VS 3

G 02723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 02723
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2031 Orleans St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 Orleans St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. Battee

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John R. Battee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 27, 1872

8. AGE: Years	Months	Days	If less than one day
70	11	3	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John R. Staas.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Gracie Love
(b) Address 2031 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1. 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Hewing Sons
(b) Address 2024 Orleans St.

19 (a) MAR 31 1943 (Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30th. 19 43 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 - 19 43. to Mar. 30 19 43.
and that I last saw him alive on Mar 29 19 43.

Immediate cause of death Fatty degeneration of Heart — Duration several years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allene Nathans M. D.
Address 3124 E. Baltimore St. Date signed 3-30-43

G 02724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02724 Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 36 (?) yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 N. Longwood St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Agnes M. Cusick
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/1/89
8. AGE: Years 53 Months 10 Days 30 29 If less than one day hr. min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Barlow
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dowd
15. Birthplace Ireland

16 (a) Informant Mrs. Ellen Grady (sister)
(b) Address 423 Charter Oak Ave. Balto
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.
18 (a) Funeral director John J. Keenan & Son
(b) Address 909 Hollins St.
19 (a) MAR 31 1943 (Registrar's signature) [illegible] to Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943 at 9 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from 2/27/1943 to 3/30/1943 and that I last saw h alive on 3/30/1943
Immediate cause of death Cardiac Failure — Duration
Due to Hypertensive Arteriosclerotic Cardiovascular Disease with
Due to Cardiac arrangement
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Mrs. J. Muse
Address Bon Secours Hosp. Date signed 3/30/43 M. D.

G 02725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 02725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days
(e) Length of stay in Baltimore (yrs., mos., or days) 3days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3607 Fernhill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lynette Rosa Cohn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	W	new born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 28/1943

8. AGE: Years	Months	Days	If less than one day
		3days	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herbert Cohn
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Esther Cohn
15. Birthplace Russia

16 (a) Informant Esther Cohn
(b) Address 3607 Fernhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/43. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Levine Funeral Home
(b) Address 1820 E. Eutaw Place

19 (a) (Date received by Registrar) MAR 31 1943 Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1943, to 3-30 1943, and that I last saw h[illegible] alive on 3-30 1943.

Immediate cause of death: prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Rotstein M. D. M. D.
Address Sinai Hospital Date signed 3/30/43

G 02726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

G 02726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 Russell st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Russell (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Richardson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1926

8. AGE: Years	Months	Days	If less than one day
16	4	8	hr. min.

9. Birthplace Baltimore Md. (town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Alexander Richardson
13. Birthplace D. C.

MOTHER
14. Maiden Name Annie Pinkney
15. Birthplace D. C.

16 (a) Informant Alex. Richardson
(b) Address 1110 Russell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Isaac R Bowman Son
(b) Address 1058 W Montgomery Street

19 (a) [illegible] Washington Williams, Mgr. (Signature of local registrar)

MAR 31 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1943 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1943 to Mar 28 1943 and that I last saw he alive on Mar 27 19 43

Immediate cause of death: Lobar Pneumonia — Duration: 4 days
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W. Garner, M.D.
Address 665 W. Baltimore Date signed 3/31/43

G 02727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02727 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4817 Keswick Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2 14
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4817 Keswick Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME William Hooper Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2171

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Susan Beach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1882

8. AGE: Years	Months	Days	If less than one day
61	2	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman, Sherwood Bros.
11. Industry or business

FATHER
12. Name R. Tynes Smith
13. Birthplace Bahamas

MOTHER
14. Maiden Name Mary E. Hooper
15. Birthplace Baltimore, Md.

16 (a) Informant Henry E. Smith
(b) Address 4822 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Road

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1800 Eutaw Place, Baltimore, Md

19 (a) MAR 31 1943 (Date rec'd by Registrar) Huntington Williams M. D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1943 to Mar. 29 1943 and that I last saw him alive on March 29 1943.

Immediate cause of death: Coronary Occlusion — Duration 2 hrs +
Due to Arteria Sclerosis — 4 years +
Due to Died suddenly after walking upstairs severe chest pain and
Other Conditions death in less than 5 minutes
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operations:
of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Tilson Porter M. D.
Address 4822 Roland Ave. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02728 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7305 Old Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7305 Old Harford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry K. Roberts

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Catherine E.
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 11, 1885

8. AGE: Years	Months	Days	If less than one day
57	8	19	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Sail maker
11. Industry or business U.S. Coast Guard

FATHER
12. Name John T. Roberts
13. Birthplace Md

MOTHER
14. Maiden Name Lilly Lee Dell
15. Birthplace Va

16 (a) Informant Mrs Catherine Roberts
(b) Address 7305 Old Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-43 (month) (day) (year)
(c) Cemetery or crematory Mereland Road
Location

18 (a) Funeral director Ronald Black
(b) Address 5305 Harford Rd

MAR 25 1943 (b)
(Date received by State Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 1.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to March 30 1943, and that I last saw deceased alive on Mar. 30 1943

Immediate cause of death	Duration
Acute nephritis - supervening upon chronic nephritis	5 days
Due to hypertension	10 yrs.
Due to Chronic myocarditis	10 yrs.
Due to Bronchitis	2 wks.
Other Conditions Pyelitis ulcer	7 yrs.

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. M. Bacon M. D.
Address Date signed

Huntington Williams, M.D.

G 02729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02729
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 Webster St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Webster St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jean Ryan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph P. Ryan

6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1891

8. AGE: Years 51 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Monongahela City, Pa
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Robert Gilmore
13. Birthplace Glasgow, Scotland

MOTHER
14. Maiden name Martha Sloan
15. Birthplace Scotland

16 (a) Informant Mrs. Wm. Bayer
(b) Address 1416 Stevenson St.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore, Md.

18 (a) Funeral director Sherwood & Lovington
(b) Address 21 W. 25th St.

19 (a) MAR 31 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1943 to 3-29 1943, and that I last saw h[illegible] alive on 3-28 1943.

Immediate cause of death	Duration
Coronary Thrombosis	12.
Due to Arteriosclerosis	1yr.?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Ballod M. D.
Address 707 E. Fortune Date signed 3-31-43

VS 8

G 02730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 950 N Gay (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wasily Meketz
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Maria
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 6 - 1886

8. AGE: Years	Months	Days	If less than one day
56	7	22	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Dry goods salesman
11. Industry or business

FATHER
12. Name Samuel Meketz
13. Birthplace Russia

MOTHER
14. Maiden Name Edwina
15. Birthplace Russia-BESSENKA

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address Rutgers

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1st (month, day, year)
(c) Cemetery or crematory St. Andrews Cath. Cem.
Location a.a.co., Md.

18 (a) Funeral director Walter Brooks Bradley Co.
(b) Address 1922 N. Monroe ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 29 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 28 1942 at 11:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death ACUTE CORONARY OCCLUSION — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E. C. Zhentlin
Address Johns Hopkins Date signed 3/29/42

Correct age is supremely important. Typewriter, pencil or pen may be used. Write the cause of death clearly and legibly.

For Cooper
3107 Park Ave G 02731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02731
Registered No.

100 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3411 Oakenshawe Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Y
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Oakenshawe Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A McDonough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Stephen J
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22 1882

8. AGE: Years	Months	Days	If less than one day
60	7	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jos Sweeney
13. Birthplace Saratoga

MOTHER
14. Maiden Name Caroline Von Ahan
15. Birthplace Bavaria

16 (a) Informant Mary J McDonough
(b) Address 3411 Oakenshawe Rd

17 (a) Burial (b) Date thereof 4-1-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudenslager
Location Baltimore Md

18 (a) Funeral director Geo A Fahey
(b) Address Fulton & Fayette

19 (a) MAR 31 1943 (b) Lexington Williamsport, Md.
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29 1943, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 17, 1943 to March 29, 1943 and that I last saw her alive on 3/29 1943.

Immediate cause of death	Duration
Pulmonary Embolism	2 hours
Due to Infarct L Lung (R)	17 days
Due to Phlebitis of Rt Leg	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sheldon Cooper, M.D.
Address 407 Park Ave. Date signed 3/31/43

G 02732
431963

G 02732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County FREDK
(c) City or town THURMONT (If outside city or town limits, write RURAL and give town)
(d) Street No. BOX 83 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W Kline Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-27-40

8. AGE: Years	Months	Days	If less than one day
2	9	3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name George Kline
13. Birthplace W VA

MOTHER
14. Maiden Name MARY Theresa Little
15. Birthplace PA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Thurmont, Md

18 (a) Funeral director H L Criager & Sons
(b) Address Thurmont, Md

MAR 31 1943
(Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 19 . at 740 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1943 to March 30 1943 and that I last saw him alive on March 30 1943.

Immediate cause of death Respiratory Failure — Duration

Due to Hydrocephalus — 2 yrs

Due to

Other Conditions

(Include pregnancy within three months of death)

Date of operation 3/26/43

Major findings of operation: Decubitus Foramina of Luschka Herniation of Cerebellar Tonsils

Date of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Odenwald M.D.

Address J.H.H. Date signed 3/30/43

G 02733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02733

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 820 N. Caroline Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 N. Caroline St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Hitchington Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/5/1880

8. AGE: Years 62 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Myrtle Hamilton
(b) Address 820 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31 /43 (Month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cemetery
Location

18 (a) Funeral director Mrs. Robert A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

MAR 31 1943 Huntington Williams M.D.
(Registered) (Signature of registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1943 at 3:15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 12-15 1942 to 3-28 1943.
and that I last saw h[illegible] alive on 3-27 1943.

Immediate cause of death: Hypertensive cardio-vascular disease — Duration: couple years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raynor Browne

Address 1500 E. Madison St Date signed 3/30

Raynor Browne

G 02734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02734 Registered No. 92 B Cases

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 W. West St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM BETBEL SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1896 46 40

8. AGE: Years	Months	Days	If less than one day
46 55 12	8	24	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Salon
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Mary Frances Smith
15. Birthplace Balto.

16 (a) Informant Beatrice Matthews
(b) Address 1420 Carroll St.

17 (a) (Burial, cremation, or removal) Mt Auburn Cem (b) Date thereof 4-1-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem 4-1-43
Location Balto.

18 (a) Funeral director Walter B Briggs
(b) Address 1394 W. Hamburg St

19 MAR 31 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Valvular heart disease. Mitral	
Due to Pneumonia	
Due to	
Other Conditions NO	

(Include pregnancy within 3 months of death)
Date of operation NO
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 3-29-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02735 Registered No. 93d

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Mc Meechen St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lena
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1x71
8. AGE: Years 72 | Months | Days | If less than one day hr. min.
9. Birthplace Reedsville Va. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name John Richardson
13. Birthplace Reedsville, Va.

MOTHER
14. Maiden Name Montgomery
15. Birthplace Reedsville, Va.

16 (a) Informant Wardelle Richardson
(b) Address 210 Mc Meechen St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Eva M. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAR 31 1943 (Registrar) Huntington Williams M.D. Registrar
(b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1943, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1943, to March 28 1943, and that I last saw him alive on March 28 1943.

Immediate cause of death: Bronchopneumonia — Duration: 17 days
Due to
Due to
Other Conditions: Myocardial Insufficiency, Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G H Banfield M. D.
Address Provident Hospital Date signed 3-29-43

Please write plainly. Any question on information should be answered. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

G 02736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 02736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 W Whatcoat St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Max H. Hussey

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Carrie V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1872

8. AGE: Years	Months	Days	If less than one day
70	6	-	hr. min.

9. Birthplace Owings Mills, Md (Town, county and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name Oscar Owen
13. Birthplace Owings Mills, Md

MOTHER
14. Maiden Name Emily Lansdale
15. Birthplace Owings Mills, Md.

16 (a) Informant
(b) Address 1323 Whatcoat St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (month) (day) (year)
(c) Cemetery or crematory
Location Owings Mills, Md.

18 (a) Funeral director Mrs. George H. Dallas
(b) Address 1631 N. Mount Hill Ave.

19 (Signature of Registrar) Huntington Williams M.D.

MAR 31 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1943 to 3-28 1943 and that I last saw h[illegible] alive on 3-28 1943

Immediate cause of death: Cardio Renal Disease — Duration

Due to

Due to

Other Conditions Prostatectomy

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Higgins M. D.
Address 2243 Madison Ave Date signed 3-[illegible]

VS 3

The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G 02737 G 02737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1330

432144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Garrison (If outside city or town limits, write RURAL and give town)
(d) Street No. Railroad Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Eliza
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) ? 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Alfred Price
13. Birthplace Md

MOTHER
14. Maiden Name Anna ?
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-1943 (month) (day) (year)
(c) Cemetery or crematory St. Luke
Location Reisterstown, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Signature) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943 at 11 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1943 to March 29 43 and that I last saw him alive on March 29 1943

Immediate cause of death	Duration
Uremia	? days
Due to Chronic bilateral pyelonephritis	?
Due to ? Urethral stricture	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian M. D.
Address The Johns Hopkins Hosp Date signed 3/29/43

31

G 02738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 02738 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3511 Clipper Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 Clipper Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin H. Arrington

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex: Male
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Louise C. Arrington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12-1859

8. AGE: Years 83 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Prince William Co. Virginia (Town, county, and state)
10. Usual Occupation Stationary Fireman
11. Industry or business Retired 12 years

FATHER
12. Name Albert M. Arrington
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Albert M. Arrington
(b) Address 3825 Greenspring Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

APR 31 1943
Hunting to Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30- 1943 at 1.27 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1st 1943 to Mar 30 1943 and that I last saw h alive on Mar 29th 1943.

Immediate cause of death Myocarditis

Duration 2 Yrs.

Due to Arteriosclerotic atrophy of Brain Chronic nephritis

Duration Mar 1st to Mar 30 1943

Due to Senility.

Other Conditions Contributing to Death but not related to cause given. Etc.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature B. H. Arrington M.D.
Address 3610 N. Fremont Ave. Date signed 3/31/43

VS 3

G 02739

d 87822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1446

State Registered No. G 02739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert
(c) City or town Lusby
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Mackall F 72599

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-27

8. AGE: Years	Months	Days	If less than one day
16	2	15	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Joseph Mackall
13. Birthplace Md.

MOTHER
14. Maiden Name Elsie Chase
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4-1-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parent
Location Calvert Co

18 (a) Funeral director P. E. Lemmon
(b) Address Prince Frederick Md

MAR 31 1943 (b) Huntington Williamsburg

MEDICAL CERTIFICATION

35

20. DATE OF DEATH March 30 1943 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1943 to March 30 1943 and that I last saw her alive on March 30 1943

Immediate cause of death — Duration

Pulmonary Edema

Due to Congestive Heart Failure

Due to Pre-eclamptic

Other Conditions Puerperal State

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.

Address Date signed

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02740
mgm 15700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02740
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hazel Dennis

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Bess Dennis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1865

8. AGE: Years 78 | Months 1 | Days 5 | If less than one day: hr. min.

9. Birthplace Harford County, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James McManus
13. Birthplace ?

MOTHER
14. Maiden Name Mary Irvin
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Mt Carmel (Burial, cremation, or removal) (b) Date thereof 4-2-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location

18 (a) Funeral director Mary M Woodfield
(b) Address 901 N. Wolfe St.

APR 01 1943 (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29 1943, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939, to 3-29 1943, and that I last saw her alive on 3-29 1943.

Immediate cause of death: Cardiac failure — Duration: ?
Due to Arteriosclerotic H.D.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 3-30-43

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

G 02741 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 Cecil Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 Cecil Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susan Ann Hudak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Andrew Hudak

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 51 | Months — | Days — | If less than one day: hr. min. 20

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual Occupation

11. Industry or business: Housewife

FATHER
12. Name: George Makalko
13. Birthplace: Austria

MOTHER
14. Maiden Name: Helen Marcinko
15. Birthplace: Austria

16 (a) Informant: Mrs Effalt
(b) Address: 1908 Cecil Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4, 1, 1943 (month) (day) (year)
(c) Cemetery or crematory: Cathedral Cemetery
Location —

18 (a) Funeral director: Mary M Wiedefeld
(b) Address: 501 E. 32nd St

MAR 31 1943
Date received by registrar: Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 5P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943, to March 29 1943, and that I last saw her alive on 29 1943.

Immediate cause of death: Carcinoma of left ovary metastases to liver — Duration 2 yrs

Due to Operation 4 months Oct 1942

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Oct, 1942

Major findings of operation: Carcinoma of left ovary metastases to vagina inguinal and retroperitoneal glands

Date of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury

23. Signature: Jno A Fruetcher M. D.

Address 12 E Eager St Date signed March 31/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02242 8041 — Registered No. G 02245 92D

correct age is especially important. Physicians: please write the causes of deaths clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Allicott City (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Carrie (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 167

8. AGE: Years	Months	Days	If less than one day
76 ?			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Berl Jones
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) MAR 31 1943 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 24 1943, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1943 to 3-24 1943, and that I last saw h/m alive on 3-24 1943.

Immediate cause of death
Uremia — Duration 3 days
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions B.P. 14
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Lopez Jr. M. D.
Address Balto. City Hosp. Date signed 3-29-43

VS 150

430058 02743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13 02743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 N. Bruce (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Calvin

6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): 8-31-97

8. AGE: Years: 45 | Months: 6 | Days: 28 | If less than one day: hr. min.

9. Birthplace: VA (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name: June Boswell

13. Birthplace: Va

14. Maiden Name: (2) (3)

15. Birthplace

16 (a) Informant: RECORDS JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 1943 (month) (day) (year)

(c) Cemetery or crematory: Western Star Cem

Location

18 (a) Funeral director: Mrs Lettie R Williams

(b) Address: 322 N. Schroeder St.

19 (a) (Filed by Registrar) (b) Huntington Williamsport

MAR 31 1943

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR-29 1943 at 1050 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1943 to MAR 29 1943, and that I last saw her alive on MAR 29 1943.

Immediate cause of death: Tuberculosis - disseminated — Duration: ?

Due to

Due to

Other Conditions: arteriosclerotic heart disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: J C Duncan Jr. M.D.

Address: VHH Date signed: 3-29

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 02744

BALTIMORE CITY HEALTH DEPARTMENT G 02744 Registered No.

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 792 W. Franklin ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 792 W. Franklin ST.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Melinda Godfrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	AA	Married

6 (b) Name of husband or wife Philbert Godfrey
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 6-9-1854

8. AGE: Years	Months	Days	If less than one day
88	9	7	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant Mrs Georgie Gray
(b) Address 792 W. Franklin ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 2297 Schroeder ST

19 MAR 31 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1943, to March 26 1943, and that I last saw her alive on Mar 4 1943:

Immediate cause of death Coronary Occlusion — Duration 7

Due to

Due to Hypertension

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at PM
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert L Turnley Jr M. D.
Address 702 Cathedral Date signed 3-27-43

VS 1

G 02745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 02745

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1451 Ward St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RICHARD ENNALS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 1941

8. AGE: Years	Months	Days	If less than one day
1	3	22	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Hallil Ennals
13. Birthplace Cambridge Md.

MOTHER
14. Maiden Name Irene Burgess
15. Birthplace Judge Creek Md.

16 (a) Informant Irene Ennals
(b) Address 1451 Ward St.

17 (a) Burial (b) Date thereof March 31-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St Huntingtown Williams, Md.

19 (a) MAR 31 1943 Registrar
(Date Accepted by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943 at 3 05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular
Primary
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner
Date signed 3-29-43

VS 6

G 02746

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. G 02746

CERTIFICATE OF DEATH 94a

G 02746

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1728 W. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE MITCHELL

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Estelle Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24 1887

8. AGE: Years	Months	Days	If less than one day
63	6	5	hr. min.

9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name David Mitchell
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Selonen
15. Birthplace Calvert Co., Md.

16 (a) Informant Estelle Mitchell
(b) Address 1728 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3229 Edmondson Ave

MAR 31 1943

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/27 1943, at 8.45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh W. B. McNally M.D. Medical Examiner.
Date signed 3/29/43.

VS 6

G 02747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

G 02747 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60-6-3
(e) Length of stay in Baltimore (yrs., mos., or days) 60-6-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sister Ignatius Munyon (Mary Florence)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1862

8. AGE: Years	Months	Days	If less than one day
81	1	2	hr. min.

9. Birthplace Philadelphia Penna (Town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name David A. Munyon
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Ellen O'Hara
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Hope Retreat
Location Reisterstown Rd.-City

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODER SUC.) 100 W. NORTH AVENUE

19 (a) MAR 31 1943 (Date rec'd by registrar) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 3:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1942 to March 30 1943, and that I last saw h er alive on March 30 1943.

Immediate cause of death	Duration
General arteriosclerosis with hypertension	2
Due to Left sided hemiplegia	10 years
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 336 Madison St. Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 02748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 02748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Wilmot St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Hanover
(c) City or town [illegible]
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible] 1015 Wilmot St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Revicy Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife James L. Ellis
6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) 4 27 1860

8. AGE: Years	Months	Days	If less than one day
82	11	3	hr. min.

9. Birthplace Clayborn Co. Tenn.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ed Cuen Gibson
13. Birthplace Tennessee

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Joseph L. DeVeaux
(b) Address 1215 Wilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/43 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk Va.

18 (a) Funeral director Joseph Turner Jno.
(b) Address 2013 Eutaw Ave.

19 (a) [illegible] (Registrar) Huntington Williams, M.D.

MAR 31 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 30 1943, at 5:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1938 to Mar 30 1943, and that I last saw h[illegible] alive on Mar 30 1943.

Immediate cause of death	Duration
Cardiac decompensation	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer
Address 506 E North Ave Date signed 3-31-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

Wayne 02749

Grave #3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. G 02749

1. PLACE OF DEATH: Found Drowned Harbor
(a) Baltimore City, Maryland
(b) Street address: Pier #10 Locust Point
(c) Hospital or institution: City Wayne
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Unknown Black Male

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 55? Months: Days: If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAR 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAR 31 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 11 [illegible] M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence unknown at M.
(c) Where did injury occur? Found Pier 10 Locust Pt. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor (Specify type of place) While at work?
(e) Means of injury Drowning

23. Signature Robert Lee Knabe M.D.
Medical Examiner.

Date signed March 2 1943

VS 6

02750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. G 02750

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Aisquith Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 6 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aisquith Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister M. Philothea Scheffel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1866

8. AGE: Years 76 | Months 7 | Days 23 | If less than one day: hr. min.

9. Birthplace Brooklyn N.Y.
(Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business Religious

FATHER
12. Name Stephen Scheffel
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Neil
15. Birthplace Germany

16 (a) Informant Sr. M. Stan. Kostka
(b) Address 901 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2/43 (month) (day) (year)
(c) Cemetery or crematory Dulaney Maine
Location N.H.L. Gelff

18 (a) Funeral director Geo. M. Fenick Son
(b) Address 811 N. Wolfe St

MAR 31 1943 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 43. at 5.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 19 43. to March 31 19 43.
and that I last saw her alive on March 27 19 43.

Immediate cause of death: Abdominal Carcinoma
Due to: possibly due
Due to: Carcinoma Ovary

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. J. Kurly M. D.
Address 1106 Hartman Date signed May 31 43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 02751 ✓ G 02751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2520 North Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 88Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adella Eudora Hooper

3 (b) If veteran, name war ------- | 3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank X Hooper
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ---------- 1855

8. AGE: Years	Months	Days	If less than one day
88	----	---	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business ***

FATHER
12. Name Robert King
13. Birthplace Maryland

MOTHER
14. Maiden Name Not obtainable
15. Birthplace Maryland

16 (a) Informant Mrs. Henry W. Gramly
(b) Address 2520 North Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert St.

MAR 31 1943 (Date rec'd by registrar)

(a) (b) Huntington Williams M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to Mar 30 1943 and that I last saw her alive on March 30 1943.

Immediate cause of death Cardiac Decompensation — Duration 2 hrs.
Due to Luetic - vascular - renal disease — Duration 10 yrs.
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 1416 W 36 ST. Date signed 3/31/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

G 02752 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 West Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-1
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 West Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sally L. McGlannan

3 (b) If veteran, name war -----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Dr. Alexius McGlannan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not obtainable

8. AGE: Years	Months	Days	If less than one day hr.	min.
66				

9. Birthplace Connecticut (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Homer Law
13. Birthplace Connecticut

MOTHER
14. Maiden Name Mary Rose Bixby
15. Birthplace Connecticut

16 (a) Informant S. R. Mears
(b) Address 805 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert St.

19 (a) (b) Huntington Williams, Registrar

MAR 31 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to March 1943
and that I last saw her alive on 3/30 1943

Immediate cause of death	Duration
Paralysis of Throat	
Cerebral in origin	
Due to Gen. Arterio-Sclerosis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theron Lawrence, M.D.
Address 1 E. Lexington St. Date signed 3/31/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

02753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1612

G 02753
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Cecil Murray

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	W	Infant

6 (b) Name of husband or wife Infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1943

8. AGE: Years	Months	Days	If less than one day
—	—		16 hr. 19 min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER — 12. Name	James Cecil Murray
FATHER — 13. Birthplace	Delcre, Tenn.
MOTHER — 14. Maiden Name	Daisy May Coats
MOTHER — 15. Birthplace	Bedziger Alabama

16 (a) Informant Cecil Murray
(b) Address 1621 N. Calvert St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 31 1943

18 (a) Funeral director Commissioner of Health
(b) Address
19 MAR 31 1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943 at 1 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943 to March 21 1943 and that I last saw her alive on March 21 43

Immediate cause of death	Duration
Pulmonary Atelectasis	1 hour
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George H. Davis M. D.
Address Maternity Hosp Date signed 3/21/43

VS 3

9952

G 02754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. G 02754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Ranfelsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Old Philadelphia Rd (If rural give location)
(e) Citizen of foreign country? Possibly (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Farber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/13/43

8. AGE: Years	Months	Days	If less than one day
—	—	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Edgar A. Brass
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Lonnie Farber
15. Birthplace Philadelphia Rd

16 (a) Informant Lonnie Farber
(b) Address Ranfelsburg P.O. -

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 31 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAR 31 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943, at 4:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1943, to Mar 16 1943 and that I last saw him alive on Mar 16 1943

Immediate cause of death	Duration
Intracranial hemorrhage	3 hrs
Due to Birth Injury	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Kain M.D.
Address Baltimore Md Date signed 3/16/43 M.D.

VS 3

9951

02755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 02755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University 4-N
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Main Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Bl	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1942

8. AGE: Years	Months	Days	If less than one day
			20 hr. 32 min

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER — 12. Name Ridgely Hall
13. Birthplace Howard Co. Md

MOTHER — 14. Maiden Name Rosie Childs
15. Birthplace Howard Co. Md

16 (a) Informant Rosie Hall
(b) Address Ellicott City, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAR 31 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAR 31 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943, to March 21 1943, and that I last saw him alive on March 21 1943.

Immediate cause of death
Pulmonary Atelectasis — Duration 2 hrs
Due to Prematurity
30 wks. child.
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George W. Corner M.D.
Address University Hosp. Date signed 3/21/43 M. D.

VS 1

9950

G 02756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02256 1720

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Warrington Apartments.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Warrington Apts (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet Wilson Patterson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mr. Thomas Patterson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 20 1868

8. AGE: Years 74 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Leetsdale Pa
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name D. Leet Wilson
13. Birthplace Washington Pa

MOTHER
14. Maiden name Mary Harriet Wilson
15. Birthplace Pa.

16 (a) Informant Robert Leet Patterson
(b) Address 1707 Columbia Rd NW DC

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 1 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Sewickley Pittsburgh Pa

18 (a) Funeral director Henry M Faucheux & Son
(b) Address McCulloch & Orchard Sts

19 (a) MAR 31 1943 Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1943, at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1929 19 , to 3/30 1943, and that I last saw h er alive on 3/30/ 1943.

Immediate cause of death Coronary thrombosis — Duration

Due to Arteriosclerosis

Due to

Other Conditions Long-standing diaphragmatic hernia.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sydney R Miller

Address 115 E Robert St Date signed 3/31/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—6-15-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 02757

CERTIFICATE OF DEATH

1310 G 02757

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 929 N. Stricker ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Gardner Harris

(a) RESIDENCE NO. 929 N. Stricker ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Harris

6 DATE OF BIRTH (month, day, and year) 12-15-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
82	83	7	2 9/14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Essex, Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Reginald Gardner
(Address) 929 Stricker St

15 MAR 31 1943 16 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29-43

17 I HEREBY CERTIFY, That I attended deceased from Mch 12, 1943 to March 29, 1943

that I last saw her alive on March 29, 1943

and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Coma; Interstitial Nephritis

duration yrs. mos. 5 da.

CONTRIBUTORY (Secondary) age - Artery Sclerosis (duration) 8 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. H. Wright M. D.

3/31, 1943 (Address) 1204 Preston ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 4/1 1943

20 UNDERTAKER Raymer Sanders

ADDRESS 1443 E. Preston

Important. See instructions on back of certificate.

G 02758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3a

G 02758
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 E. 22nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 422 E. 22nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Meader

3 (b) If veteran, name war —

3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Bertha Meader
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1873

8. AGE: Years	Months	Days	If less than one day
69	11	25	hr. min.

9. Birthplace Clearfield Pa (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Geo meader
13. Birthplace Maine

MOTHER
14. Maiden Name Elizabeth Batten
15. Birthplace Maine

16 (a) Informant Lottie M Jones
(b) Address 422 E 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3-43 (month) (day) (year)
(c) Cemetery or crematory Graham
Location Graham Pa

18 (a) Funeral director Albert W Gerego
(b) Address 440 E North Ave

19 MAR 31 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed March 31 1943

VS 6

G 02759

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 02759

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3028 Oakford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ns
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3028 Oakford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Selma W Kolb

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-09-0442

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13 1872

8. AGE: Years 70 | Months 4 5 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md (town, county, and state)

10. Usual Occupation Retired

11. Industry or business O'Neill's

FATHER 12. Name John W Kolb

13. Birthplace Germany

MOTHER 14. Maiden Name Emma J Stesch

15. Birthplace Germany

16 (a) Informant Mrs Chas Hrybiak

(b) Address 3028 Oakford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2-43 (month) (day) (year)

(c) Cemetery or crematory Loudenslark Ave

Location Sec B-262 Lot

18 (a) Funeral director Charles P Powell

(b) Address 2427 Edmondson Ave

19 (a) (b) (Date received by registrar) Registrar

APR 1 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 30 1943, at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943, to March 30 1943, and that I last saw h alive on Mar 26 1940.

Immediate cause of death Respiratory failure — Duration 8 hours

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Gage MD

Address 3101 W Baltimore St Date signed 4/1/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 02760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 02760 Registered No. 105943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town 36
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Malden Ave
(If rural give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3 (a) FULL NAME Mrs Mabel V. Kirby

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widow.

6 (b) Name of husband or wife Millard M. Kirby.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 7 1873

8. AGE: Years	Months	Days	If less than one day
70	2	22	hr. ____ min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name John Holland.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Gordon H. Kirby.
(b) Address 3621 Malden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2/43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn.
Location ____

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615-17 Christian Ave

19 (a) Filed (b) Huntington Williams Registrar
APR 1 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29 1943, at 10 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21 1943 to 3/29 1943, and that I last saw her alive on 3/29 1943.

Immediate cause of death Degenerative Cardio Vasc Disease

	Duration
Due to Arteriosclerosis	2 weeks
Due to	10 years
Other Conditions Terminal bronchopneumonia	2 days

(Include pregnancy within 3 months of death)

Date of operation ____
Major findings of operation: ____
of autopsy: ____

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature H. H. Dyer M.D.
Address St Agnes Hosp Date signed 4/1/43 M. D.

G 02734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47C

G 02761 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 Wilkins Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles S. Barker

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-7922

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Sadie Barker.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1882.

8. AGE: Years: 60 | Months: 8 | Days: 11 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Barker
13. Birthplace Virginia

MOTHER
14. Maiden Name Virginia Gibson
15. Birthplace Virginia

16 (a) Informant Wm R. Barker
(b) Address 3949 Roland Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Apr (month) (day) 1943 (year)
(c) Cemetery or crematory St Mary's Harmony
Location Roland Ave.

18 (a) Funeral director Schemmuth & Donovan
(b) Address 5 E. Lexington Ave.

APR 1 - 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943, to March 30 1943, and that I last saw him alive on March 30 1943.

Immediate cause of death — Duration

Due to Bronchogenic Ca of lung & metastases

Due to ? to spinal cord & brain

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Bronchogenic Ca of lung & Metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature John A. Rowe M. D.
Address University Hospital Date signed 3/30/43

VS 180

G 02762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 02762 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 708 Madison Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 708 Madison Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles C. Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fannie W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1878

8. AGE: Years 64 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Caterer

11. Industry or business

FATHER 12. Name Moses Shipley

13. Birthplace Howard Co. Md.

MOTHER 14. Maiden Name Emma Holland

15. Birthplace Howard Co. Md.

16 (a) Informant Fannie W. Shipley

(b) Address 708 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1943 (Month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) APR 1 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1943 to Mar 29 1943, and that I last saw h alive on Mar 29 1943.

Immediate cause of death Pulmonary Edema — Duration 18

Due to Pulmonary T.B. — 6 mos

Due to

Other Condition Lobar Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chas. A. Levy M. D.

Address 1420 E. Chase Date signed Apr 1 '43

G 02763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 528

G 02798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 West Monument Street
(If rural give location)
(e) Citizen of foreign country? One (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Anne E. Coonan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 25, 1876

8. Age: Years	Months	Days	If less than one day
67	2	6	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Daniel Coonan
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Wells
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3/43 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Westminster Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 960 Eutaw Place

19 (a) ADD 1 - 1943 Huntington Williams, M.D.
(Name of day registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1943, to March 31 1943, and that I last saw her alive on March 31 1943.

Immediate cause of death	Duration
Carcinoma of Bladder	
Due to	
Due to	
Other Conditions Anemia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H. Heyman M. D.
Address Mercy Hospital Date signed 3-31-43

VS 180

correct age is especially important. Physicians: please write the cause to death clearly and legibly.

G 02764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 02764

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 E. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) L

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Towanda Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry V. Snidar

3 (b) If veteran, name war: L

3 (c) Social Security Account No. 212-07-3901

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rebecca

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 53 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Poultry Business

11. Industry or business

FATHER
12. Name Abraham Snidler
13. Birthplace Rusja

MOTHER
14. Maiden Name Sadah Schband
15. Birthplace Russia

16 (a) Informant Rebecca Snidler
(b) Address 4409 Towanda Ave

17 Burial (Burial, cremation, or removal) (b) Date thereof 4-1-43 (month) (day) (year)

(c) Cemetery or crematory Mogen Abraham
Location Rogedale

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 (a) APR 1 - 1943 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/30 1943, at 10:15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. Mitchell M.D.
Medical Examiner.
Date signed 5/31/43.

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G 02765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832

G 02765

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 Ruxton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Ruxton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Marovitz

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Morris Marovitz
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Rebecca Marovitz
(b) Address 1627 Ruxton Ave.

17 (a) Burial (b) Date thereof 4-1-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Rosedale
Location Phil Rd & Hamilton Ave

18 (a) Funeral director Jack Levine
(b) Address 1432 E. Baltimore St

19 (a) APR 1 - 1943 Huntington Holtzman, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-43 19 , at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1943 to April 1 1943, and that I last saw him alive on March 28 1943.

Immediate cause of death
Cerebral thrombosis
a coma.
Due to Bronchial asthma - Edema.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature H. E. Needle
Address 2314 - N. North Ave Date signed 4/5/43.

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G 02766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 02766

830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution 112 W Mulberry St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry Mason
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1884

8. AGE: Years 58 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Calvert Co Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Gantt
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Adline Moore
15. Birthplace Calvert Co Md

16 (a) Informant Lurvinia Coates
(b) Address 112 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Calvert Co Md
Location

18 (a) Funeral director Miss Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (b) Huntingtown Williams Address

APR 1 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943 at 5:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943 to March 26 1943 and that I last saw h[illegible] alive on March 28 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 24 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address
Date signed 3/31/43

VS 3

43508
G 02767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02767 Registered No. 47C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 E. Evergreen (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank J. Walters
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 2-9-91

8. AGE: Years	Months	Days	If less than one day
52	1	21	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Building Contractor
11. Industry or business

FATHER 12. Name	Frank Walters
13. Birthplace	Germany
MOTHER 14. Maiden Name	Mary Voldek
15. Birthplace	Germany

16 (a) Informant Recorder
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave

19 (a) APR 1 1943 (b) Registrar Washington Hill, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 30 1943 at 11 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1943 to Mar 30 1943 and that I last saw him alive on Mar 30 1943

Immediate cause of death: Bronchogenic Carcinoma — Duration: 10 M.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Bronchogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Hoch M. D.
Address J. H. H. Date signed 3-30-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/a

G 02768 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
Admitted-3/39/43-12:05 A.M.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town 1020 W. Baltimore St., Balto.,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 W. Baltimore St., Baltimore
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT AMOS KELLY

3 (b) If veteran, name war: Span.Am.War
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary J. Kelly
6 (c) If alive, give age - years
7. Birth date of deceased (mo., day, yr.) Oct. 29, 1872
8. AGE: Years 70 yrs. | Months 5 | Days 0 | If less than one day: hr. - min.
9. Birthplace Cecil County, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business --

FATHER
12. Name Amos J. Kelly
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Marianna Benjamin
15. Birthplace Cecil Co., Md.

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1/43 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location 5500 Frederick Rd
18 (a) Funeral director Harry H. Nuttle
(b) Address 401 E. Lexington St.
19 (a) APR 1 - 1943 (Date received by registrar) Waiting for Publication Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH March 29, 1943 at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 29, 1943 to Mar. 29, 1943 and that I last saw him alive on Mar. 29, 1943

Immediate cause of death 1a Degeneration & necrosis of Lt. cerebellar hemisphere; multiple calculi of pancreas obstructing pancreatic duct direct. — Duration 1. Week

Due to (1. above) - cause - arteriosclerosis marked. — 2. Unk.

Other Conditions chronic glomerular nephritis
(Include pregnancy within 3 months of death)

Date of operation --
Major findings of operation: --

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? --
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. S. Rice M. D.
Address Baltimore, Md. Date signed 3/30/43

VS 180

no. 12934

G 02769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G 02769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 S. Arlington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Wright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry Wright
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Hogan
13. Birthplace Md.

MOTHER
14. Maiden Name Mary J. Flanigan
15. Birthplace Md.

16 (a) Informant Miss Cath. J. Flanigan
(b) Address 1013 Somerset St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 APR 1 – 1943 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 3 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1943 to 3/31 1943, and that I last saw her alive on 3/31 1943.

Immediate cause of death: Fracture neck of R femur

Due to: Fall

Due to:

Other Conditions: Terminal Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/S
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/27/43
(c) Where did injury occur? Balto (City or town) Md (County) (State)
In front of 1021 Druid Hill Ave
(d) Did injury occur about home, on farm, industrial place, in public place? On street (Specify type of place) While at work? No
(e) Means of injury Fell in Street

23. Signature L E Boardman Jr M. D.
Address Franklin Sq Hosp Date signed

Howard J. Mesereau, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

G 02770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3414 Hilldale Place (If rural give location)
(e) If foreign born, how long in U. S. A.? Yrs

3 (a) FULL NAME Frank William Werden
3 (b) If veteran, name war No
3 (c) Social Security Account No. 220-05-4656

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian Werden
6 (c) If alive, give age 22 years
7. Birth date of deceased (mo., day, yr.) July 25, 1907

8. AGE: Years	Months	Days	If less than one day
35	8	5	hr. min.

9. Birthplace Wash. D. C. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Shipbuilding

FATHER
12. Name William Werden
13. Birthplace Alexandria Va

MOTHER
14. Maiden Name Mary E. Weigand
15. Birthplace Wash. D. C.

16 (a) Informant Marion W. Faulkner
(b) Address 623 Kenyon N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director C. Vernon Geyerman
(b) Address 4611 Ft. Hoad Washington Washington D.C.
(Name of cemetery or crematory)

APR 1 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30-1943, at 10:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition - Inquiry thereon and from the evidence obtained by said Inquisition - Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death
Asphyxiation
Due to Illuminating Gas
Due to
Other Conditions Despondency
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-30-43
(c) Where did injury occur? 3414 Hilldale Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Inhalation - gas range

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 3/30/43

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 02771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 236 N. Hilton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 236 N. Hilton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George H. (John) Messick

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 015-03-7336

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Margaret C. Hourihan

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.): Nov 14 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	4	17		

9. Birthplace: Massachusetts (Town, county, and state)

10. Usual Occupation

11. Industry or business: Westinghouse (Electric)

FATHER
12. Name: Frank Messick
13. Birthplace: Massachusetts

MOTHER
14. Maiden Name: Georgianna La Rock
15. Birthplace: Massachusetts

16 (a) Informant: Margaret C. Messick (Wife)
(b) Address: 236 N. Hilton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (month) (day) (year)

(c) Cemetery or crematory
Location: Easthampton Mass.

18 (a) Funeral director: Flynn & Flannigan
(b) Address: 1422 Light St.

19 (a) (b) Huntington Williams Inc. Registered by

APR 1 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31 1943, at 4:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Operation:
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Hugh B. McNally M.D. Medical Examiner.
Date signed 3/31/43.

PLEASE WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. Fill in all blanks by typewriter or print. Be sure that the information given is correct and complete. Ages should be stated in years and fractions of years, or months, or days, as the case may be. Do not leave any blanks. If unknown, state unknown. Be sure that the age is correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

G 02772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 02772

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Wheeler Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Dowd 80580

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife James
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1898

8. AGE: Years	Months	Days	If less than one day
44	7	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Jacob Saffran
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Whitler
15. Birthplace Germany

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd.

18 (a) Funeral director John T. Leonard & Son
(b) Address 701 Hollins St.

APR 1 - 1943 (Date rec'd by registrar)

Huntington Williams M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 4:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1943, to March 31 1943, and that I last saw her alive on March 31 1943.

Immediate cause of death
Pulmonary tuberculosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration
3½ yrs?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. S. Hart M. D.
Address Balto City Hosp. Date signed 3/31/43

G 02773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 02773

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1541-Gilmore ST
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1541-Gilmore St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME M. Frances Spurrier

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Widowed

6 (b) Name of husband or wife Henry B. Spurrier
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/21/1869

8. AGE: Years	Months	Days	If less than one day
73	7	10	— hr. — min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER	12. Name Chas. W. Swasey
	13. Birthplace Germany
MOTHER	14. Maiden Name Augusta M. (Johns)
	15. Birthplace Germany

16 (a) Informant A. Pierle Spurrier
(b) Address 1541- Gilmore St.
17 (a) Burial (b) Date thereof 4/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md
18 (a) Funeral director George J. Ruth & Son
(b) Address 2217 Harford Ave
19 [illegible] Registrar
(To be signed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943 at 12 50 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to Mar 30 1943
and that I last saw [illegible] alive on Mar. 30 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 36 hrs.
Due to Hypertension and Arteriosclerotic Cardiovascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. H. Granger, M.D.
M. D.
Address 1402 E. Lanvale St. Date signed 3-31-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Where unknown, write "unknown." Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

02774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 02774 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S. Broadway (If rural give location)
(e) Citizen of foreign country? Md (Yes or No) If yes, name country

3 (a) FULL NAME WILHELMINA GERING

3 (b) If veteran, name war NO
3 (c) Social Security Account No. None
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Michael John Gering
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 2, 1865
8. AGE: Years 78 Months 1 Days 28 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name John Wiegman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John M. Miller (Nephew)
(b) Address 3110 Batavia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) Filed APR 1 - 1943 (b) Recorded by Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1943 at 8:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1943 to 3-30 1943 and that I last saw h[er] alive on 3-29 1943.

Immediate cause of death Intestinal Obstruction (partial)
Due to Carcinoma of Sigmoid colon
Due to
Other Conditions Hypertension Cardio Vascular Disease
(Include pregnancy within 3 months of death)

Duration

Date of operation 3-26-43
Major findings of operation: Carcinoma Sigmoid
of autopsy: None

PHYSICIAN
* Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Hupik M. D.
Address St Josephs Hosp Baltimore Md.
Date signed 3-30-43

VS 2

Please write plainly. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

G 02775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 02775 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2302 W. Rogers Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 W. Rogers Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH A. R. ECCLESTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles E. Eccleston
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margarita Grape
15. Birthplace Balto., Md.

16 (a) Informant Miss Maggie E. Eccleston
(b) Address 2302 W. Rogers Ave.

17 (a) Burial (b) Date thereof 4/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

APR 1 - 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1943, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940 to Mar 31 1943, and that I last saw her alive on Mar 31 1943.

Immediate cause of death	Duration
Myocarditis Chronic	3 yrs
Due to arteriosclerosis	
Due to	
Other Conditions Hypertension	1 year

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sherman Ettorre M. D.
Address 2601 Manhattan Ave Date signed 3/31/43

G 02776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a

G 02776 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. All correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2529 Harlem ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Jane Novak

3 (b) If veteran, name war	3 (c) Social Security Account No.
infant	infant

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	infant

6 (b) Name of husband or wife infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12-43

8. AGE: Years	Months	Days	If less than one day
		18	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Melvin Novak
13. Birthplace Baltimore

MOTHER
14. Maiden Name Katharine Ohle
15. Birthplace Baltimore

16 (a) Informant Melvin Novak
(b) Address 2529 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore
18 (a) Funeral director Frederick A Cole
(b) Address 1200 W Lombard st

APR 2 - 1943
(Date rec'd by registrar) (By) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943 at 3:15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1943 to March 30 1943 and that I last saw h.e.r. alive on March 30 1943.

Immediate cause of death Streptococcic Meningitis — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E M Hughes M. D.
Address University Hospital Date signed March 30 '43

VS 188

G 02777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. G 02777

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 263 McCurley St.
(a) Baltimore City, Maryland
(b) Street address 263 McCurley St,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 263 McCurley St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Wise.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-9818

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife William F. Wise.
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1900

8. AGE: Years	Months	Days	If less than one day
42	8	8	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Brush maker
11. Industry or business

FATHER
12. Name John J. McLaughlin.
13. Birthplace Dublin Ireland.

MOTHER
14. Maiden Name Margaret Hudson
15. Birthplace London England

16 (a) Informant William F. Wise
(b) Address 263 McCurley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1943 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location 3801 Frederick Ave. Balto, Md.

18 (a) Funeral director Charles W. Dill.
(b) Address 3109 Frederick Ave.

APR 2 1943 Registrar
VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1942 at 6.29 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to 3-30 1943, and that I last saw h e alive on 3-30 1943.

Immediate cause of death
Carcinomatosis
Due to Carcinoma of Breast
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation 7/17/42
Major findings of operation: Carcinoma & metastasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Abba H. Crowther M. D.
Address 4709 Hud. Ave Date signed 3-31-43

G 02778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 02778 Registered No. 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 S. Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 S. Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lida N. Mostoski

3 (b) If veteran, name war

3 (c) Social Security Account No. 168-18-3049

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29-1899

8. AGE: Years	Months	Days	If less than one day
43	5	2	hr. min.

9. Birthplace Pittsburg Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Pierczynski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Dolecka
15. Birthplace Poland

16 (a) Informant Frank Mostoski
(b) Address 422 S. Ann St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-1-43 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Shrewsbury Pa
Location

18 (a) Funeral director W.B. Fialkowski
(b) Address 2007 Eastern Ave

APR 1 - 1943 (Date received by registrar) Hunting for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 11 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Chronic myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed April 1 1943.

G 02779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 02779 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edison Highway +
(c) Hospital or institution: Sinai Lane 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 E. North Ave E.T. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Zika

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Peter P. Zika
6 (c) If alive, give age: 68 years
7. Birth date of deceased (mo., day, yr.): Feb. 1, 1876
8. AGE: Years 67 | Months 2 | Days 30 | If less than one day: hr. min.
9. Birthplace: Bohemia (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business:

FATHER
12. Name: John Troch
13. Birthplace: Bohemia

MOTHER
14. Maiden Name: Not known
15. Birthplace: Bohemia

16 (a) Informant: Peter Zika
(b) Address: 3516 E. North Ave E.T.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto Md
18 (a) Funeral director: Frank Brayshaw
(b) Address: 900 E. Chester St
APR 1 1942
Date Rec'd by Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942, at 3 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942 to March 31 1942 and that I last saw her alive on March 21 1942.

Immediate cause of death: Coronary Occlusion — 3/30/42
Due to: Chr. Myocarditis — 1/5/42
Due to: Diabetes Mellitus — 1938
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: William J. Bryarer M. D.
Address: 801 N. Carey St Date signed: 3/31/42

VS 180

correct as it appears. Physicians: please write the causes of death clearly and legibly.

G 02780
AB-80372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186a

G 02780
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5Days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Ashland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Zeman

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Gustonia Zeman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27- 1870

8. AGE: Years	Months	Days	If less than one day
73	-	3	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Barber-in business for self
11. Industry or business

FATHER
12. Name Joseph Zeman
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Marie ?
15. Birthplace Czechoslovakia

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Enoch Burchetson
(b) Address 900 N. Chester St

19 (a) 1943 (b) Filed by registrar Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1943, to 3-30 1943.
and that I last saw alive on 3-30 1943.

Immediate cause of death: Bronchopneumonia — Duration 1wk
Due to:
Due to: Fractured Humerus Lt — 1wk
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-24-43 at ? M
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall in Home

23. Signature Donald Ellett
Address Balto City Hosp Date signed 3-31-43
Howard J. Crandell, M.D.

VS 150

Print age is especially important. Physicians: please write the causes of death clearly and legibly.

02781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 02781
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Sharp St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Berthea Clark

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	1 day old child

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation infant
11. Industry or business infant

FATHER
12. Name Willie Clark
13. Birthplace Manning, South Carolina

MOTHER
14. Maiden Name Mabel Parker
15. Birthplace Manning, South Carolina

16 (a) Informant Mabel Clark
(b) Address 1101 Sharp St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 1 1943
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) APR 1 1943 Washington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1943 to March 30 1943, and that I last saw h[illegible] alive on March 29 1943.

Immediate cause of death	Duration
Prematurity	24 hrs
30 wks	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Lewis M. D.
Address Date signed

VS 3

9958

G 02782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G 02782 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 Tunney Ave
(c) Hospital or institution:
(d) ~~Length of stay in hospital or inst.~~ (yrs., mos., or days) LIFE
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2724 Tunney Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Schaefer

3 (b) If veteran, name war —
3 (c) Social Security Account No. 7

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Josephine Schaefer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 9th 1863
8. AGE: Years 80 | Months 7 | Days 22 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Dominic Lechel
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Miss Schaefer
(b) Address 2724 Tunney Ave
17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/2/4 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial
Location Baltimore County Md
18 (a) Funeral director F. B. WIPPERT'S SON
(b) Address 300 EUTAW PLACE
Apr 1 1943 (Date received) Wilson Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30th 1945 at 10:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1943 to March 30 1945; and that I last saw h[illegible] alive on March 29th 1945.

Immediate cause of death: Acute Myocardial Infarction
Due to Chronic Endocarditis
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 2 days / Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(d) Means of injury
23. Signature Walter F. Sowers
Address 602 Edmondson Ave Date signed 4/2/45

VS 150

WALTER F. SOWERS

Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30E

G 02783

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 S. Mount Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 S. Mount Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Schlotthauer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1880

8. AGE: Years	Months	Days	If less than one day
62	8	15	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Schlotthauer
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Thater
15. Birthplace Germany

16 (a) Informant Mrs. Minnie Mueller
(b) Address 337 S. Mount Street

17 (a) Burial (b) Date thereof 4/2/43
(Burial, cremation, or removal) (Day) (Year)
(c) Cemetery or crematory Loudon Park Cemetery
Location
18 (a) Funeral director Geo. B. Lemmert
(b) Address 525 N. Eutaw Street
19 APR 1 - 1943 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1943 to March 30, 1943, and that I last saw h im alive on March 30, 1943.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Luetic Cardiovascular Disease	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George A. Kupp, M. D.
Address 3030 Edmondson Ave. Date signed 3/31/43

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Yeargus G 02784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

Registered No. G 02784

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as fully as possible. Physicians: please write the causes of death clearly and legibly. Correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen'l Hosp. 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1401 N. Central Ave (2)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Golen Collins

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 5, 1895

8. AGE: Years	Months	Days	If less than one day
47	8	24	hr. min.

9. Birthplace Porto Rico
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Beth. Steel Shipyard Sp. Point

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Azabella Booker
(b) Address 1489 N. Central Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Bethune Key Ave

APR 4 1943 (b) (Registrar) William [illegible] Registrar

V8 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 3 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~in Quest & no~~ operation (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~in Quest of no~~ operation (Autopsy or Inquiry) and that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 25 1943 11 05 AM
(c) Where did injury occur? Bethlehem Steel Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Injured in falling elevator

23. Signature Robert H. Graham M.D.
Medical Examiner.
Date signed March 30 1943

432182
G 02785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 02785 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7/
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Rosedale
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 241 Rustic Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA COOK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Wilbert

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 3-1-03

8. AGE: Years	Months	Days	If less than one day
40	-	29	hr. min.

9. Birthplace VA
(Town, county and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name ? HARRIS
13. Birthplace ?

MOTHER
14. Maiden Name ? ? ?
15. Birthplace ?

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 2008 Brandt

19 (a) Huntington Williams Co
(Date received by local Registrar)

APR 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR-30 1943, at 930 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 29 1943 to MAR 30 1943, and that I last saw her alive on MAR 30 1943.

Immediate cause of death: insulin reaction — Duration: 33 hrs

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: small adenoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature J C Duncan Jr. M. D.
Address JHH Date signed 3-31-43

G 02786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

G 02786 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balto Genl Hosp. 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 736 S. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leonard G. Easterling.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23rd 1942

8. AGE: Years — Months 10 Days 8 If less than one day hr. min.

9. Birthplace Ironton Ohio (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clarence A. Easterling
13. Birthplace Ironton Ohio

MOTHER
14. Maiden Name Ethel Jones
15. Birthplace Ironton Ohio

16 (a) Informant Ethel Easterling
(b) Address 736 S. Charles st

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)
(c) Cemetery or crematory Ironton Ohio
Location

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul Huntington W. Va.

19 (a) APR 3 1943 (Registered by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1943. 11:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1-1943 to 4-1-1943 and that I last saw him alive on 4-1-1943.

Immediate cause of death: Ruptured ectopic gestation

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Morgamans M. D.
Address 1213 Light Street Date signed

VS 150

02787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. C 02787

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Use DITTO marks (") where applicable. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Hoffnd Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Hoffnd Rd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie E Krueger

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months 11 | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Bromwell
13. Birthplace Md

MOTHER
14. Maiden Name Emma Clark
15. Birthplace Baltimore Md

16 (a) Informant Milton E Bromwell
(b) Address 708 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co Md

18 (a) Funeral director Tilton Co Inc
(b) Address 1217 E Baltimore St

19 (a) APR 2 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943 at 3 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1940 to 3-31 1943 and that I last saw h[illegible] alive on 3-29 1943

Immediate cause of death: Uremia Coma — Duration: 4 days
Due to Chronic Nephritis — 7 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4508 Harford Rd Date signed 4-1-43

VS 3

02788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 02788

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) 1316 W. Baltimore St.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Schubkagel 80410

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept/ 26, 1870

8. AGE: Years	Months	Days	If less than one day
72	6	5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name William
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Misner
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/2/43 (month) (day) (year)
(c) Cemetery Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

APR 2 - 1943 Huntington Williams, MD
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 43 at 11:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17 19 43 to Mar. 31 19 43 and that I last saw him alive on Mar. 31 19 43

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 mos?
Due to
Due to
Other Conditions tuberculous kidney — ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A J Hartz
Address Balto City Hosp Date signed 4/1/43

G 02789
AB-75777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G 02789
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave,
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lang

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married-Widower

6 (b) Name of husband or wife Mary (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13-1861

8. AGE: Years 81 | Months 9 | Days 17 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Lober
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals records.
(b) Address

17 (a) Burial (b) Date thereof 4/2/43
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery Balto. Md
Location

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St

19 APR 2 - 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1943 at 3 00 M

21. I certify that death occurred on the date above stated, that I attended deceased from 1-3 1942 to 3-30 1943, and that I last saw him alive on 3-30 1943.

Immediate cause of death: Cardiac failure — Duration: 1

Due to: Hypertension & Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. R. Watkins M. D.
Address Balto. City. Hosp. Date signed 3-31-43

VS 150

G 02790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

G 02790 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 629 N Franklintown Rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Davis, Mr Thomas

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 216-09-2165

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3 1883

8. AGE: Years	Months	Days	If less than one day
60	0	28	hr. min.

9. Birthplace St Marys Co. Md
(Town, county, and state)

10. Usual Occupation Laundry Man

11. Industry or business Standard Overall Co

FATHER
12. Name Mr Richard Davis
13. Birthplace Charles Co., Md

MOTHER
14. Maiden Name Jane Thompson
15. Birthplace Charles Co. Md.

16 (a) Informant Mr Francis Davis
(b) Address 629 Franklin Town Rd

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)

(c) Cemetery or crematory St Johns
Location Long Green Balt Co Md

18 (a) Funeral director Millard Crowe
(b) Address 1219 W Lanvale St

19 APR 5 1943 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1943, to March 31 1943, and that I last saw him alive on March 31 1943.

Immediate cause of death	Duration
(a) Pneumonia	8 days
Due to (b) Acute Pyelonephritis	6 days
Due to (c) Bronchopneumonia	3 days
(d)	

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 2-24-43
Major findings of operations: Bladder Stone - Urinary - Removed
of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Tuffly Jr. M. D.
Address Broadway + Fairmount Date signed 4-2-43

02791

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH 159

Registered No. G 02791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Bradson.
(c) Hospital or institution: Church Home & Hospital. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Monkton 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No.

3 (a) FULL NAME Betty Ann A Heaps.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife None.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			27 hr. min.

9. Birthplace Church Home & Hospital (Town, county, and state)

10. Usual Occupation None

11. Industry or business None.

FATHER
12. Name Gray Lester Heaps
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Elizabeth Ford
15. Birthplace Monkton Md

16 (a) Informant Father
(b) Address Monkton Md.

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (month) (day) (year)
(c) Cemetery or crematory _____
Location JOHN HOPKINS MEDICAL SCHOOL APR 1 1943

18 (a) Funeral director Commissioner of Health
(b) Address _____

19 (Date rec'd by registrar) APR 2 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 19 43 to March 30 19 43, and that I last saw h him alive on March 29 19 43.

Immediate cause of death Congenital atelectasis

Due to Premature birth 4 hrs.

Due to _____

Other Conditions _____
(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: Congenital atelectasis

Duration 27 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work?
(Specify type of place)
(e) Means of injury _____

23. Signature David Bachrach M. D.
Address Church Home & Hospital Date signed 3/31/43

VS 3

9960

G 02732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 124a

G 02732 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2528 Mc Elderry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days) Lo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Mc Elderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otto G. Betsch

3 (b) If veteran, name war none
(c) Social Security Account No. 216-12-3467

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10. 1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	7	22		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Filling Station attendant
11. Industry or business

FATHER
12. Name Karl Betsch
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Rau
15. Birthplace Germany

16 (a) Informant Otto Betsch
(b) Address 4612 La Salle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave

18 (a) Funeral director Howard N. Blight & Son
(b) Address 4914 Belair Road

19 APR 2 - 1943 (Date rec'd by registrar) Hunter Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 22 1943, to April 1 1943 and that I last saw h / M alive on apr 1 1943.

Immediate cause of death	Duration
a Chronic Myocarditis	
Due to Arteriosclerosis alcoholic	
Due to Cirrhosis Hepatica	
Other Conditions Prostatic Hypertrophy (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A. Anderson
Address 3001 Shannon Drive Date signed 4/1/43

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Do not use abbreviations. Do not guess. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 02793

BALTIMORE CITY HEALTH DEPARTMENT ✓ 83a

CERTIFICATE OF DEATH

C 02793 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 Mc Elderry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 Mc Elderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James C. Hill, SR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-12-0285

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Goldie Hill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1882

8. AGE: Years	Months	Days	If less than one day
60	6	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Unemployed

FATHER
12. Name Jesse Hill
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Hart
15. Birthplace Md.

16 (a) Informant Mrs. Goldie Hill
(b) Address 2604 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director McCord Bros
(b) Address 1217 St Paul St

19 APR 2 - 1943 Washington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31 1943, 2.40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner
Date signed 3/31/43.

VS 6

WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. If unknown, insert "unknown." Physicians: please write the causes of death clearly and fully. Any age is especially important.

G 02794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

G 02794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Pl
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 South Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Baby Boy Glazer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	new born

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			36 hr. ~~min.~~

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Glazer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lee Kessler
15. Birthplace Baltimore Md

16 (a) Informant Lee Kessler
(b) Address 7 South Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Hmng Rm
Location Binsley's Lane

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St

[illegible] (b) Huntington Williams, M.D.
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943, at 12 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1943, to Apr 1 1943 and that I last saw him alive on Apr 1 1943.

Immediate cause of death Prematurity — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Robertson M. D.
Address Sinai Hospital Date signed 4/1/43

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information must be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

G 02795
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use a typewriter if possible. Please write the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. - Rutland Ave.
(c) Hospital or institution: Sinai Hospital 3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 E. Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Pivarnick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: David Pivarnick
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: 67 Years | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Herman Edward Pivarnick
(b) Address 3707 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-43 (month) (day) (year)
(c) Cemetery or crematory Washington Blvd.
Location

18 (a) Funeral director Pace Lewis Inc
(b) Address 143 E. Baltimore St. Huntington Pallisades, MD.

19 (a) APR 3 1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 1 1943, and that I last saw h alive on April 1 1943.

Immediate cause of death: Pulmonary Edema — Duration

Due to: Cer. Hypertensive C V D

Due to:

Other Conditions: C. P. C. — Auricular Fibrillation
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Katz M.D.
Address Sinai Hosp. Date signed 4-1-43 M. D.

VS 8

Surgue G 02796

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 02796
Registered No.

CERTIFICATE OF DEATH 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Edgewood Nursing Home 6000 Bellona Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Bellona Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Woodward

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Zumbrunn
13. Birthplace

MOTHER
14. Maiden Name Hershenroder
15. Birthplace

16 (a) Informant —
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (month) (day) (year)
(c) Cemetery or crematory Popular Springs Cem
Location Popular Springs Md.

18 (a) Funeral director H. C. Sieverstone Jr.
(b) Address Elkridge Md.

19 (a) APR 5 1943 (Date received by Registrar) (Registrar) Howard County, Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943, at 7 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above. (Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture of ribs, Comminuted fracture of left femur — Duration

Due to

Due to Fall from window

Other Conditions Arteriosclerosis cardiovascular disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 1 1943 at 7 AM
(c) Where did injury occur? 6000 Bellona Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Nursing home While at work? —
(Specify type of place)
(e) Means of injury Fall from 2nd story window

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed April 1 1943

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct ago is especially important. Physicians: please write the causes of death clearly and

G 02797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 02797 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3323 W. Belvedere Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

27-18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3323 W. Belvedere Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Howard W. Geiman

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Male	White	Married

6 (b) Name of husband or wife: Nora E. Englar Geiman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1865

8. AGE: Years	Months	Days	If less than one day
77	11	22	3 hr. min.

9. Birthplace Carroll County Maryland (Town, county, and state)
10. Usual Occupation (Retired) Painter
11. Industry or business Balto. Transit Comp.

FATHER
12. Name Jeremiah Geiman
13. Birthplace Carroll County Maryland

MOTHER
14. Maiden Name Mary Ann Ruyer
15. Birthplace Carroll County Maryland.

16 (a) Informant Mary Ann Geiman.
(b) Address 3323 W. Belvedere Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 43 (month) (day) (year)
(c) Cemetery or crematory Mellow Branch Cemetery
Location Westminister, Carroll Co. Md.

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 (a) [redacted] 1943 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1943, at 4. AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940. to March 31 1943. and that I last saw him alive on March 30 1943.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days.
Due to Hypertension	3 yrs.
Due to Arteriosclerosis.	3 yrs.
Other Conditions Myocarditis.	3 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. L. De Barbrin M. D.
Address 4723 Park Heights Ave Date signed 4/1/43

G 02798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 G 02798 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 Mosher St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jno. Kerley Roebuck

3 (b) If veteran, name war | 3 (c) Social Security Account No. 1-17-20-9226

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	c	m

6 (b) Name of husband or wife Eliza Roebuck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/8/1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
60	8	22		

9. Birthplace Coeln Keysville md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Charles Louis Roebuck
13. Birthplace ?

MOTHER 14. Maiden Name Mary Ann Mack
15. Birthplace ?

16 (a) Informant Mrs Bell
(b) Address 518 Offord st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/4/43 (month) (day) (year)
(c) Cemetery or crematory Fort's Hill
Location Lockeysville

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) APR 5 1943 (b) registrar Washington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943 at 5:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 1943 to 3/30 1943, and that I last saw h[illegible] alive on March 30 1943.

Immediate cause of death
Due to Cerebral Apoplexy
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. N. Hatcher
Address 1 [illegible] Parke Date signed 4/1/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02799 94a Registered No. G 02799

G 02799

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on typewriter or with pen and ink. Do not use pencil. Be sure and fill in items 1 to 23 inclusive. Do not omit any item or insert "unknown" where you have information which will make the record more complete and correct. Any space which does not apply to the case should be marked "X". The information called for in items 16 to 19 inclusive, relating to informant, burial, and undertaker, is required in all cases. The age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Brentwood.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME of MARY BELL SIMMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1906

8. AGE: Years 36 | Months 6 | Days - | If less than one day hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ?
13. Birthplace

MOTHER 14. Maiden Name ?
15. Birthplace

16 (a) Informant Viola Baldwin
(b) Address 1706 Brentwood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location a.a. County Md.

18 (a) Funeral director R. Stahlman
(b) Address

19 (a) [illegible] APR 4 1943 Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/30 1943, at 9.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dougl B McNally M.D.
Medical Examiner.

Date signed 3/31/43.

Dr Adam 312 E 23rd St

G 02800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 02800

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1851 N. Spring St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1851 N. Spring St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Georgiana Tate Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-1879

8. AGE: Years 63 64 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Peter Curtis
13. Birthplace Md

MOTHER
14. Maiden Name Mary L. Curtis
15. Birthplace Md

16 (a) Informant Elvey Green
(b) Address 1831 N. Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 3 43 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location City

18 (a) Funeral director Harper Sanders
(b) Address 1412 E Preston St

19 (a) APR 3 1943 (b) [illegible] for Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 30 1943 at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15-43 19 to 3-30-43 19, and that I last saw h[illegible] alive on 3-29-43 19

Immediate cause of death: Diabetes Mellitus — Duration 2 yrs.

Due to

Due to

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harvey Adams
Address 312 E 23rd St. Date signed 4-2-43 M. D.

G 02801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 G 02801 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 St. James St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Edith Taylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/9/1899

8. AGE: Years	Months	Days	If less than one day
44	4 mo 11	9 21	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Taylor
13. Birthplace Va

MOTHER
14. Maiden Name Mary Taylor
15. Birthplace Va

16 (a) Informant Willie May Howard
(b) Address 1020 Stirling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem. Co
Location

18 (a) Funeral director Rayner Sanders
(b) Address 1612 E. Preston St

19 (a) APR 2 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 4:15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & no autopsy and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Ex Tenuis — Duration
3rd degree burns of head, body & extremities
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 29 1943 11:30 PM
(c) Where did injury occur) 1202 St. James St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place) home While at work) no (Specify type of place)
(e) Means of injury Conflagration

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed March 30 1943

VS 6

G 02802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 254 Bethel St. Et.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 Hanover Bethel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Berry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/1872

8. AGE: Years	Months	Days	If less than one day
71	-	1	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Charles Lancaster

13. Birthplace Va.

MOTHER 14. Maiden Name Pinkett Lancaster

15. Birthplace Va.

16 (a) Informant Lenia Berry

(b) Address 1418 N. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel County

18 (a) Funeral director Layman Sanders

(b) Address 1432 E. Preston St.

19 (a) [illegible] (Signature of registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1943, at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Chronic Valvular heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratton M.D.
Medical Examiner.
Date signed March 30 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK, and answer all questions correct age in especially important. Physicians: please write the causes of death clearly and legibly

G 02803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 02803 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5300 Beaufort avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-18
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 734 Main Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Annie Eliza Pearce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widowed.

6 (b) Name of husband or wife George K Pearce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23 1842

8. AGE: Years	Months	Days	If less than one day: hr.	min.
90	7	8		852

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Daniel C Gray
13. Birthplace Maryland.

MOTHER
14. Maiden Name Annie Frances
15. Birthplace Maryland.

16 (a) Informant Katherine Francis.
(b) Address 5300 Beaufort ave

17 (a) Burial (b) Date thereof April 4, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Pikesville md.

18 (a) Funeral director Wm Berry mann & sons
(b) Address Reisterstown, Md.

19 (a) [illegible] Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 - 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941, to April 1 1943 and that I last saw her alive on March 31 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 weeks
Due to Arterial Hypertension	?
Due to Arterio Sclerosis	?
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. E. Nichols MD
M. D.
Address Pikesville, Md Date signed 4/6/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02804 — Registered No. 462 G 02804

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2728 Tivoly St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2728 Tivoly St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank K. P. Hoover

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Sophia M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1879

8. AGE: Years	Months	Days	If less than one day
63	6	16	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Frank P. Hoover

13. Birthplace Balto

MOTHER 14. Maiden Name Mollie Dougherty

15. Birthplace Balto

16 (a) Informant Mrs Sophia Hoover

(b) Address 2728 Tivoly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-43 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location

18 (a) Funeral director Leonard J. Pauly

(b) Address 5305 Harford Rd

19 (a) (b)

APR 3 1943

Registrar

VS 146

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1942 to March 31 1943 and that I last saw h— alive on March 31 1943.

Immediate cause of death Concussion of Cerebrum

Due to

Due to

Other Conditions Cerebral Injury

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: Between Dec 14 and March 31

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 4/3/43

G 02805 — 80660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

G 02805 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theresa Ryan

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: DANIEL J. RYAN
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1877

8. AGE: Years 65 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business

FATHER
12. Name: John Becker
13. Birthplace: Md.

MOTHER
14. Maiden Name: Anna Sellmayer
15. Birthplace: Germany

16 (a) Informant: B.C.H. Records
(b) Address: 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 3/43 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD.

18 (a) Funeral director: Lilly and Giles INC.
(b) Address: 403 S. WOLFE ST.

19 (a) (Date received by registrar) (b) (Registrar)

APR 5 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1943 at 4 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1943 to 3-31 1943, and that I last saw h alive on 3-31 1943.

Immediate cause of death: Cerebral hemorrhage — Duration: ?
Due to: Hypertension C.V. disease — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Rathbun
Address Balt. City Hosp. Date signed 5-5-43 M.D.

G 02806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √181

G 02806
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S. Bouldin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Madaline Sauter

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 12 1939

8. AGE: Years 3 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name ROBERT SAUTER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MADALINE HAGAN
15. Birthplace BALTO. MD.

16 (a) Informant ROBERT SAUTER (FATHER)
(b) Address 608 S. BOULDIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Registrar

VS APR 6 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943, at 4 00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation thereon (Autopsy or Inquiry) and from the evidence obtained by said investigation (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death 3rd degree burns of face and body — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 31 1943 at 11 30 A M
(c) Where did injury occur? 608 S. Bouldin St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Clothes caught fire from stove

23. Signature Robert [illegible] M.D.
Medical Examiner.
Date signed April 1 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 02807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 Dillon St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Dillon St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE J. STAUDT

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1863

8. AGE: Years	Months	Days	If less than one day
79	6	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired - Watchman
11. Industry or business

FATHER
12. Name Christian Staudt
13. Birthplace Germany

MOTHER
14. Maiden Name Hahandt maden
15. Birthplace Baltimore

16 (a) Informant Louise Staudt (Sister)
(b) Address 3107 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3-43 (month) (day) (year)
(c) Cemetery or crematory Trinity Lawn
Location Odonnell St

18 (a) Funeral director Lilly & Zeiler (N.C.)
(b) Address 403 Ashland Ave.

19 (a) APR 5 1943 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1943 at 70 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: arteriosclerotic cardiovascular disease
Due to
Due to
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 4-2-43

VS 6

Please write plainly, with ordinary pen and ink. Do not use pencil. Do not fold. Use only one side of paper. Answer each question. If none, write none. If unknown, write unknown. Where a choice is given, underline the correct answer. Ages should be stated in years and last birthday, except that the age of infants should be stated in months, days, or hours. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT X G 02808 Registered No.

CERTIFICATE OF DEATH 94a

G 02868

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd St.
(c) Hospital or institution: Union Memorial Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Windsor Mill Rd. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME James Graham Ross

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, (married) widowed, or divorced.
M.	W.	

6 (b) Name of husband or wife Mrs. Jane G. Ross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1864

8. AGE: Years	Months	Days	If less than one day
48	9	2928	hr. min.

9. Birthplace Vermont (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Mr. James G. Ross
13. Birthplace Scotland

MOTHER
14. Maiden Name Beatrice Milne
15. Birthplace Scotland

16 (a) Informant Hosp. records.
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Ulman Funeral Home
(b) Address 200 E Orleans St.

19 (a) (Date rec'd by registrar) APR 5 1943 (b) Huntington Millmans, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1943 to Mar. 29 1943 and that I last saw him alive on Mar. 29 1943.

Immediate cause of death	Duration
Cardio - Resp. Failure	5 mos.
Due to Coronary Occlusion	?
Due to	
Other Conditions Idiopathic Pleural Effusion 6 wks. Pos. agglutinations + Proteus OX2. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Hartman M. D.
Address Union Memorial Hosp. Date signed 3-29-43

G 02809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938 Reg. No. G-02809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 Mayfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Mayfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Emma Peterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1870

8. AGE: Years	Months	Days	If less than one day
73	2	6	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Manager -
11. Industry or business retired

FATHER
12. Name Peter Peterson
13. Birthplace Denmark.

MOTHER
14. Maiden Name Kathrine Harrington
15. Birthplace Ireland.

16 (a) Informant Mrs. Florence Novak
(b) Address 2201 Mayfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 Pulaski Hwy Harrington Station, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 31 1943

PLEASE WRITE PLAINLY, WITH CAPS. Physicians: please write the cause of death clearly and legibly. Be sure correct age is especially important.

G 02810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161 W

Registered No. G 02810

G 02810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2216 Orleans Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Orleans (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Sovine

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	— —

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 7, 1943

8. AGE: Years	Months	Days	If less than one day
		24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Peter Sovine
13. Birthplace Pa

MOTHER
14. Maiden Name Dolores Hunn
15. Birthplace Baltimore, Md

16 (a) Informant Peter Sovine
(b) Address 2216 Orleans Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Baltimore Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans Street

19 (a) [illegible] (b) [illegible]
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31- 1943, at 10:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry, and that said deceased came to his death on the day stated above.

Immediate cause of death Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 3/31/43

VS 6

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and correct age is especially important.

2 G 02811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 486

G 02811 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2033 Sinclair Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 Sinclair (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lotta Gessler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Raymond Gessler

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 6 1888

8. AGE: Years: 54 Months: 6 Days: 24 25 If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Ephriam Dare
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Martha ?
15. Birthplace: Baltimore

16 (a) Informant: Raymond Gessler
(b) Address: 2033 Sinclair Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 1943 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem
Location: Belair Road Baltimore Md

18 (a) Funeral director: Ullrich Funeral Home
(b) Address: 2008 Olreans St

19 (a) (Date of filing record) (b) [illegible] Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1943, at 11 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1942 to 3-31 1943 and that I last saw h[illegible] alive on 3-31 1943

Immediate cause of death: Carcinoma of Uterus — Duration: 1 yr

Due to:

Due to:

Other Conditions: Myocardial degeneration — 4 days

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Miller M. D.
Address 1500 N Broadway Date signed 4/16/43

G 02812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 02812
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hosp. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Overland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian M. Smith

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Wm. M. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1867

8. AGE: Years 76 | Months 2 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Joice
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Stahl
15. Birthplace Balto., Md.

16 (a) Informant Mrs. William P. Jenkins
(b) Address 2916 Overland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) APR 5 1943 (b) Huntington Williams M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 31 1943 at 9.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1943 to 3/31 1943 and that I last saw her alive on 3/31 1943.

Immediate cause of death: Prof. fat- mongy an agonal em- bolus; acute heart failure
Due to: Coronary throm- bosis
Due to: Arteriosclerotic C-V disease
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 10 44 d.

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M. D.
Address University Hosp. Date signed 3/31/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

425925

G 02813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X G 02813 Registered No.

186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Blue Ridge Summit
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-14-66

8. AGE: Years	Months	Days	If less than one day
77	2	17	hr. min.

9. Birthplace Ill
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hayward Kelly
13. Birthplace Vermont

MOTHER
14. Maiden Name Mait Kernan
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Myers & Son
(b) Address 805 N. Calvert St.

19 (a) APR 2 - 1943 (b)
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943 at 11 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943 to April 1 1943 and that I last saw h[illegible] alive on April 1 1943.

Immediate cause of death: Myocardial Failure — Duration: 2 mos.

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions Fracture of hip

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan 25 - 1943 at [illegible] P.M.
(c) Where did injury occur? Blue Ridge Summit, Pa.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell in yard

23. Signature Lee Rosenbush M. D.
Address Johns Hopkins Hosp. Date signed Apr 1-43
for O. R. L. Smith
Howard J. Maddin, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 52 W

G 02814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Christopher Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Annarino

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 214-12-8628

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 26, 1895

8. AGE: Years 47 | Months 5 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Fruit Dealer

11. Industry or business

FATHER
12. Name Vincent Annarino
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Nuncia [redacted]Marmino
15. Birthplace Italy

16 (a) Informant
(b) Address 3014 Christopher Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3rd '43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Frank V. Pilpitoro
(b) Address 2818 E Balto St

19 (a) (Date) APR 3 1943 (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 2.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1943, to 3/31 1943, and that I last saw h[redacted] alive on 3/31 1943.

Immediate cause of death Carcinoma of Lung — Duration

Due to Carcinoma of Kidney

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide 6
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin W. Krepp, Jr
Address Md. Gen. Hosp. Date signed 3/31/43 M.D.

G 02815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02815

1190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNSTON HOSP.
(c) Hospital or institution: 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Dys
(e) Length of stay in Baltimore (yrs., mos., or days) 6½ mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town FT. HOWARD (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Nº ROAD (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL VINCENT WIDZBOR

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-1942

8. AGE: Years	Months	Days	If less than one day
	6	15	hr. min.

9. Birthplace PENN. (Town, county, and state)
10. Usual Occupation INFANT
11. Industry or business

FATHER
12. Name PAUL WIDZBOR
13. Birthplace PENN.

MOTHER
14. Maiden Name HELEN DANCHO
15. Birthplace PENN.

16 (a) Informant PAUL WIDZBOR (FATHER)
(b) Address 12 Nº Point ROAD

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 4/43 (month) (day) (year)
Cemetery or crematory Mt. Lebanon Cem
Location Wagstaffs Bar
18 (a) Funeral director Philip Harvey Funeral
(b) Address 2124 Orleans St
19 (a) Date received Huntington Williams M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1943 to 4-1-1943 and that I last saw him alive on 4-1-1943

Immediate cause of death Respiratory failure — Duration

Due to Pneumonia and cardiosis

Due to dehydration, diarrhea, convulsions, Otitis media - Septicemia?

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Lymphadenitis, Otitis media

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury
23. Signature Helen Bowie
Address Union Memorial Hosp Date signed 4/1/43 M D

Correct age if necessary important. Physicians: please write the causes of death clearly and legibly. Also

G 02816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02816

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Frankford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Frankford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Stroterhoff

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-0827

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Elonora Stroterhoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1895

8. AGE: Years	Months	Days	If less than one day
47	8	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Steelworker
11. Industry or business

FATHER
12. Name Emil Stroterhoff
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia — —
15. Birthplace Germany

16 (a) Informant Mrs Elonora Stroterhoff
(b) Address 3604 Frankford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5/43 (month) (day) (year)
(c) Cemetery or crematory Garrison
Location Baltimore

18 (a) Funeral director Philip Heuisler Sons
(b) Address 2024 Orleans St

19 [illegible] Washington Pennsylvania
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943, at 12 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & in person (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest & in person (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Coronary occlusion	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed April 1, 1943

G 02817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 136B

G 02817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Grund
(c) Hospital or institution: University of Md. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rockville (If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Maple av. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John David Loreng

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	

6 (b) Name of husband or wife Edna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Window Trimmer.

11. Industry or business

FATHER
12. Name John. Loreng.
13. Birthplace Va.

MOTHER
14. Maiden Name Carrie Strasburg.
15. Birthplace

16 (a) Informant Edna Loreng.
(b) Address 2708 Maple av. Rockville.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 3-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Hyatt & Markline
(b) Address Wheaton Md

19 (a) (Date rec'd by registrar) (b) Huntington Miller Registrar

APR 3 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1 1943, at 9:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1943, to 4-1 1943, and that I last saw h.m. alive on 19

Immediate cause of death Uremia

Due to Urethral obstruction.

Due to

Other Conditions Urethral Fistula.

(Include pregnancy within 3 months of death)
Date of operation 3/29/43
Major findings of operation: Urethral obstruction.
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Leitch M. D.
Address Noise. Md. Date signed 4/1/43

correct age is objectionable. Important: Registrars, please write the cause of death clearly and legibly.

431 67 02818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93LG 02818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 91
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
9 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1845 N. Spring
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Drake

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) 6-17-00

8. AGE: Years	Months	Days	If less than one day
42	8	14	hr. min.

9. Birthplace S CAR (Town, county and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Handy Bethea
13. Birthplace S. CAR

MOTHER
14. Maiden Name Annie Blakewell
15. Birthplace S. CAR

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 4 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Elm
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

PR 10 43 (Date) (b) Huntington Williams, MD (Local registrar)

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 31 1943 at 1240 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 19 1943 to MAR 31 1943, and that I last saw h & R alive on MAR 31 1943.

Immediate cause of death	Duration
Reaction following Sodium pentothal anesthesia	2 days
Due to (a)	
Due to	
Other Conditions Partuirnonirum Hypertensive cardiovascular dis	3 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Slight pulmonary edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Duncan Jr. M. D.
Address JHH Date signed 3-31-43

Howard J. Chaffetz, M.D.

Certificate age is especially important. Payments, pensions, insurance, etc., depend upon it. Be sure it is correct. Compare with the records of Baltimore County and Registry.

G 02819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 926

Registered No. G 02819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 103 N. Carrollton Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 N Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hom Hong

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Chinese	Married

6 (b) Name of husband or wife Don't Know
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1882

8. AGE: Years	Months	Days	If less than one day
61	2	14	16 hr. min.

9. Birthplace Canton - China (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Chinese Goods

FATHER
12. Name Don't Know
13. Birthplace China

MOTHER
14. Maiden Name Don't Know
15. Birthplace China

16 (a) Informant
(b) Address 103 N. Carrollton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 5 43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Maryland
18 (a) Funeral director J. Stewart & Sons Co.
(b) Address 108-10 North Avenue
19 (a) (Date rec'd 1943) Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1943 to 19 ; and that I last saw h alive on Mch. 30 1943.

Immediate cause of death
Organic Heart
Due to Coronary
Due to (a)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Andrews, M.D.
Address 514 Cathedral Date signed 4/2/43 M. D.

APR VS/186

Howard J. Andrews, M.D.

G 02820

G 02820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2819 Rayner Ave
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 Rayner Ave (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Mary T McNeany

3 (b) If veteran, name war _____ | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife _____
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb 2 1863

8. AGE: Years	Months	Days	If less than one day
80	1	29	hr. _____ min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Paul McNeany
13. Birthplace Ireland

MOTHER
14. Maiden name Ealy abeth McKenna
15. Birthplace Ireland

16 (a) Informant Julian Mary T McNeany
(b) Address 1800 N Charles st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Jerge A Forfey
(b) Address Fulton Ave & Fayette

19 (a) APR 3 1943 (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1943, at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942, to Mar 31 1943, and that I last saw h[illegible] alive on Mar 30 1943.

Immediate cause of death	Duration
Myocardial Infarction, Acute	
Due to Dilatation of Heart	✓
Due to Chronic Interstitial	
Other Conditions Nephritis	✓

(Include pregnancy within 3 months of death)
Date of operation _____
Major findings of operation: ✓
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at _____ M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature John A Hurland
Address 1219 Dryden Ave Date signed 4/3/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

G 02821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G 02821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Simpson, Mr Richard

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6700

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Susanna Simpson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1885

8. AGE: Years	Months	Days	If less than one day
57	3		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Mill Tender
11. Industry or business

FATHER
12. Name Richard Simpson
13. Birthplace Maryland

MOTHER
14. Maiden Name Esther Kelly
15. Birthplace Pennsylvania

16 (a) Informant Susanna Simpson
(b) Address 1727 N Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Martin Jahn & Sons
(b) Address 1017 W. North Ave.

19 (d) ADD 8 1943 Huntington Williams, M.D.
Address Church Home & Infirmary Date signed 3-31-43

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 2 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943, to March 31 1943, and that I last saw him alive on March 31 1943.

Immediate cause of death	Duration
Coronary occlusion	10 hrs
Due to Arteriosclerotic heart Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 3-11-43
Major findings of operation: Carcinoma of Bladder Removed
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. M. Teller Jr. M. D.
Address Church Home & Infirmary Date signed 3-31-43

Broadway & Eastern Ave

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

G 02822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

G 02822 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 N. Collington Ave
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 N. Collington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernard Edmund Dunn Sr.

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Catherine M. Dunn (nee Barry) **(c) If alive, give age** years

7. Birth date of deceased (mo., day, yr.) June 9, 1870

8. AGE: Years 72 yr. | Months 9 | Days 23 | If less than one day 2 hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation Freight Loader

11. Industry or business Penn. R.R.

FATHER
12. Name Peter Dunn
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine McKelly
15. Birthplace Ireland

16 (a) Informant Bernard E. Dunn Jr.
(b) Address 1707 N Collington Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 5/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4430 Belair Road

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Fayette St.

19 (a) (Date rec'd) **(b)** Huntington Williams

APR 5 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st. 1943. at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to April 1 1943 and that I last saw alive on 4/1 1943.

Immediate cause of death Arteriosclerotic peripheral vascular disease

Duration 2 yrs

Due to

Due to

Other Conditions Acute uremia

2 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Weller M.D.
Address 2036 Wilkens Ave Date signed 4/2/43

correct age is especially important. Physicians: please write the causes of death clearly and fully

G 02823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 02823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 E Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 E Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No. NONE
4. Sex F
5. Color or race Female White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Henry C
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 10, 1876
8. AGE: Years 65 Months 10 Days 21 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Vogt
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Amelia Unknown
15. Birthplace Baltimore Md

16 (a) Informant Henry C Johnson
(b) Address 2022 E Fayette St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md
18 (a) Funeral director Fallon & Doe
(b) Address 1217 Eutaw St
19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943 at 6 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4, 1942, to March 31 1943, and that I last saw her alive on March 27 1943.

	Duration
Immediate cause of death: Congestive Heart Failure	15 min.
Due to Chronic Endocarditis	Unknown
Due to Chronic Myocarditis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philibert Antipenno
Address 2942 E. Fayette St. Date signed 4/5/43

Physicians: please write the causes of death clearly and correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

G 02824 Registered No.

G 02824

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 Dennison
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 W Lafayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward C Myers

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	Col	married	Mary Myers	years

7. Birth date of deceased (mo., day, yr.) May 25, 1906

8. AGE: Years	Months	Days	If less than one day
36	10	5	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Red Cap. Pa Station
11. Industry or business

FATHER
12. Name Edward Myers
13. Birthplace Md

MOTHER
14. Maiden Name Allena Carwin
15. Birthplace Md

16 (a) Informant Allena Williams
(b) Address 1306 W. Lafayette ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ave
Location
18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder st.
19 (a) APR 2 - 1943 (Date received by city registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 — 30 — 1943, at 10.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 — 27 — 1943, to 3 - 30 - 1943, and that I last saw him alive on 3 - 30 - 1943.

Immediate cause of death Ruptured Gastric Ulcer — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Hutton
Address 803 Fremont Ave Date signed 4 - 1 - 43 (M. D.)

VS 150

Register No. G 02825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Register No. G 02825

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Augusta St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Hilliard

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Alberta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1900

8. AGE: Years	Months	Days	If less than one day
42	9	15	hr. min.

9. Birthplace Wilson, N.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Williard
13. Birthplace North Carolina

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Alberta Hilliard
(b) Address 108 Augusta Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Wilson, N C

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Huntley Ave

19 (a) APR 2 1943 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 6 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy ~~inquiry~~ thereon and from the evidence obtained by said ~~inquest~~ autopsy ~~inquiry~~ find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Depressed fracture of skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 30 1943 at 6 AM
(c) Where did injury occur? Baltimore (City or town) Holliday St (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No
(Specify type of place)
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed March 30 1943

correct age is especially important. Physicians: please write the causes of death clearly and

G 02826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G 02826
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Ashburton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 ASHBURTON ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GRACE G. HOUSTON

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: James R. Houston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1873

8. AGE: Years 70 | Months 1 | Days 27 | If less than one day: hr. min.

9. Birthplace Denver Colorado
(Town, county, and state)

10. Usual Occupation House mother

11. Industry or business Conn. College for Women

FATHER
12. Name Joseph C. Davis
13. Birthplace Mass.

MOTHER
14. Maiden Name Nellie Jenkins
15. Birthplace Mass

16 (a) Informant Mrs. Laurence R. Houston
(b) Address 2426 N. Charles St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)

(c) Cemetery or crematory Loen.
Location New London Conn.

18 (a) Funeral director Tom J. Fickner & Son
(b) Address North & Penna Ave

19 (a) (Date received by registrar) (b) Registrar

APR 3 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw her alive on 4/1/43 19 .

Immediate cause of death: Coronary thrombosis — Duration:

Due to: Arteriosclerosis

Due to: Aggravated by L. breast reluctance to God

Other Conditions: Obstruction common bile duct; (Cancer)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Left radical mastectomy April 1942

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwd R. Johnson

Address 1123 N. Paca St Date signed 4/5/43

correct age is especially important. Physicians: please write the causes of death clearly

VS 2

J. Hilliams MD

02827 HEALTH DEPARTMENT—CITY OF BALTIMORE 02827

S.C. 215-07-0496 CERTIFICATE OF DEATH X √94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME NINROD L. GOSNELL

If U. S. Veteran specify WAR

(a) Residence: No. 2 Granite, Allegheny County Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Beulah Gosnell

6. DATE OF BIRTH (month, day, year) July 5, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat packer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Granite, Md.

FATHER

13. NAME Edward Gosnell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Zembrzyn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Beulah Gosnell
(Address) Granite, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Date April 5, 1943

19. UNDERTAKER John A. Mitchell & Son
(Address) 1900 Eutaw Pl

20. FILED Huntington Williams, Registrar.
APR 9 1943

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, (held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above

10 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) N. L. Wallenweber M. D.

(Address) Contributor

G 02828 HEALTH DEPARTMENT—CITY OF BALTIMORE G 02828

CERTIFICATE OF DEATH 194a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME JOHN BRENNAN

If U. S. Veteran specify WAR

(a) Residence: No. 94 Brentwood Ave St., 10-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Brennan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Brannigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Sarah McLoughlin

(Address) 166 Lakewood Ave. Providence R.I.

18. BURIAL, CREMATION, OR REMOVAL

Place Pawtucket R.I. 4-5 1943

19. UNDERTAKER Frederick Roth

(Address) 1930 W Lombard St

20. APR 2 - 1943 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest of Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Wallenmaier M. D.

(Address) Asst Medical Examiner

OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 02829 G 02829

CERTIFICATE OF DEATH 1790

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 Loretto Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FRANKLIN H.F. BOWERS If U. S. Veteran specify WAR

(a) Residence: No. 2435 Loretto ave. St., 20 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	W	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry F. Bowers

14. BIRTHPLACE (city or town) (State or country) Harrisonburg, Va.

MOTHER

15. MAIDEN NAME Lenora Bradley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Henry F. Bowers (Address) 2435 Loretto Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Hill Date April 3 1943

19. UNDERTAKER Charles P. Towell (Address) 2427 Monroe St. Ave

20. FILED APR 2 - 1943 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1943

22. I HEREBY CERTIFY, That I took charge of the above-named case above, held an autopsy thereon and (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arsenic poisoning	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3-31 1943

Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury ingestion of rat poison

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. L. Wollenweber M. D.

(Address) Asst. Medical Examiner

02830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43a

Registered No. 02830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Carroll St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (If outside city or town limits, write RURAL and give town) 1 & 2
(d) Street No. ____ (If rural give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3 (a) FULL NAME LOUIS BERT

3 (b) If veteran, name war ____

3 (c) Social Security Account No. ____

4. Sex M.

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed~~, or divorced. Married

6 (b) Name of ~~husband or~~ wife LOUISE

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) JULY 14. 1872

8. AGE: Years 70 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace GERMANY (Town, county and state)

10. Usual Occupation RETIRED

11. Industry or business ____

FATHER
12. Name GEO. BERT
13. Birthplace GERMANY

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace GERMANY

16 (a) Informant LOUISE BERT
(b) Address 1208 CARROLL ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location TAYLOR AVE

18 (a) Funeral director GEO LEIMBACH
(b) Address 625 N. LYNDHURST ST

19 APR 3 - 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 189

MEDICAL CERTIFICATION A.

20. DATE OF DEATH April 2, 1943, at 9.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7/43 19__ to 4/2/ 1943, and that I last saw him alive on 4/1/ 19 43.

Immediate cause of death Cerebral hemorrhage — Duration 26 day

Due to ____

Due to ____

Other Conditions General and cerebral arterio sclerosis ? (Include pregnancy within 3 months of death)

Date of operation ____

Major findings of operations ____

of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury? ____

23. Signature Harry Weiler M. D.

Address 1226 Hanover St. Date signed 4/2/43

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 N

Registered No. G 02831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital T-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 N. Decker St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Spetzler, Frank F. 212-14-0775

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	M.

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1869

8. AGE: Years	Months	Days	If less than one day
73	8	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Mechanical Engeener
11. Industry or business City of Baltimore

FATHER
12. Name F. C. Spetzler
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Ernestberger
15. Birthplace Germany

16 (a) Informant Mrs. Mary E. Spetzler.
(b) Address 608 N. Decker Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore.

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.

19 (a) APR 3 - 1943 (Date rec'd by registrar) (b) Huntington Hillsborough, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31- 1943 at 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2- 1943 to 3-31 1943, and that I last saw him alive on 3-30 1943.

	Duration
Immediate cause of death Hypostatic Congestion of Lungs due to Shock	
Due to Transurethral Resection for Enlargement of Prostate	
Other Conditions (Hypertrophy of Prostate)	

(Include pregnancy within 3 months of death)
Date of operation 3-29-43
Major findings of operation Hypertrophy of prostate, Chronic Interstitial Nephritis
of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Klyanowicz
Address St. Joseph's Hospital Date signed 4-3-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where there is no entry, write "None" or "Unknown" as the case may be. Be sure that the information given is correct and complete. Physicians: please write the causes of death clearly and legibly. Cause of death and age is especially important.

VS 8

G 02832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1579

Registered No. G 02832

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Guilford Ave.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 29 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 Hanover.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Pearce.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			29 hrs. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thos. Pearce.
13. Birthplace Md.

MOTHER
14. Maiden Name Marietta K Cook.
15. Birthplace Md.

16 (a) Informant Michael Cook.
(b) Address 1841 Hanover St.

17 (a) Cremation (b) Date thereof 5-26-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location

18 (a) Funeral director Dispenser of Bay Union memorial Hospital
(b) Address Huntington Avenue, Md.

19 (Date received by registrar) APR 3 - 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1943 to 3-27 1943 and that I last saw her alive on 3-27 1943.

Immediate cause of death Aspiration of gastric contents following operation for repair of omphalocoele — Duration 2 days

Due to

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation 3-26-43.

Major findings of operation: Omphalocoele.

of autopsy: Patient died very

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W. Chasson M.D.
Address Union Memorial Hospital Date signed 4-3-43

VS 150

RIDGAWAY

G 02833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

G 02833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 N Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give location)
(d) Street No. 1017 N Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilhelm Henry Ridgaway.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Louise Ridgaway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1874

8. AGE: Years 68 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Restaurant

FATHER 12. Name Wilhelm H Ridgaway

13. Birthplace Md

MOTHER 14. Maiden Name Catherine McCall

15. Birthplace Md

16 (a) Informant Louise E Ridgaway

(b) Address 1017 N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

18 (a) Funeral director Wilhelm Bros Inc

(b) Address 1217 E Pratt St

19 APR 3 – 1943 (b) Registrar
(Date rec'd by registrar)

Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940 to Mar 29 1943 and that I last saw him alive on Mar 29 1943

Immediate cause of death — Duration

Due to Coronary Heart disease

Due to

Other Conditions Myocardial Chronic Chronic Bronchitis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Cohen M. D.

Address 203 Valley Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 02834 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 N. Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ——
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3 (a) FULL NAME Janie Snowden

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	widowed

6 (b) Name of husband or wife George Snowden
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) October 1-1863

8. AGE: Years	Months	Days	If less than one day
79	5	29	hr. ____ min.

9. Birthplace Montgomery County Md.
(town, county, and state)
10. Usual Occupation none.
11. Industry or business

FATHER
12. Name ? Fisher
13. Birthplace Montgomery County, Md.

MOTHER
14. Maiden Name Hiriett ?
15. Birthplace Montgomery County.

16 (a) Informant Bertha Harris
(b) Address 421 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 323 N Schroeder St

19 (a) APR 3 - 1943 Huntington Williams, M.D.
(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1943, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1943, to March 30-1943, and that I last saw h[illegible] alive on 3-29- 1943

Immediate cause of death
Cerebral Hemmorrhage — Duration 8 da

Due to unknown

Due to

Other Conditions Previous Stroke 15 yrs ago.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clinton Riland, M.D.
Address 2532 Edmondson Ave Date signed 4-3-43

G 02835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02835 Registered No. 1210

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Carrollton ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]
(e) Length of stay in Baltimore (yrs., mos., or days) 30 [redacted]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Carrollton lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Nora Hallie.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Col.
6 (a) Single, married, widowed, or divorced. Widow.
6 (b) Name of husband or wife Joseph Hallie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/1/1878
8. AGE: Years 65 Months Days 30 If less than one day hr. min.
9. Birthplace Charles Co Md (Town, county, and state)
10. Usual Occupation House Wife.
11. Industry or business House work

FATHER
12. Name Stanley Cole.
13. Birthplace Charles Co Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Charles Co Md.

16 (a) Informant James Hallie
(b) Address 1001 Bennett Pl.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location
18 (a) Funeral director Mr. Kate R. Williams
(b) Address 322 N. Schroeder St.
19 (a) APR 3 - 1943 (Date rec'd by registrar) Katherine Williams for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31, 1943, at 4 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1943, to 3/31, 1943, and that I last saw her alive on 3/24 1943.

Immediate cause of death Acute Myocarditis — Duration 6 days
Due to Interstitial Nephritis — 2 mo
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. F. Gunn M. D.
Address 522 N. Arlington Ave

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 02836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163B

G 02836
Registered No.

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 N.Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Rosedale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8048 Phila Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Mackie

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife David Mackie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec.14,1892

8. AGE: Years	Months	Days	If less than one day
50	3	17	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Smearman
13. Birthplace Balto.Md.

MOTHER
14. Maiden Name Louise Kramer
15. Birthplace Germany

16 (a) Informant David Mackie
(b) Address 8048 Phila Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr.2,1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto.Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) APR 3 - 1943 (Date received by registrar) Kenneth A. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31.43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1943 to 3/31 1943.
and that I last saw h[illegible] alive on 3/30 1943.

Immediate cause of death
Chronic Myocarditis — Duration ?
Colloid Goitre — 15 yrs.
Due to
Due to
Other conditions Chronic Intestinal Toxemia — 2 yrs.
Thyroidectomy
(Include pregnancy within 3 months of death)
Date of operation about 1 month ago
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert E. Sikorsky M.D.
Address 939 N. Eden Date signed 4/10/43

02837 RAINES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 02837

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 9 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2422 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Thomas Raines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Clement

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1867

8. AGE: Years 75 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Laurel, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Thomas
15. Birthplace Laurel, Md.

16 (a) Informant Charles W. Jones
(b) Address 1143 N. Carey St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-3-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lou. A. Stullard
(b) Address 1631 Druid Hill Ave

APR 3 - 1943 (Delivered by Registrar) Washington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1943, to March 31 1943, and that I last saw h[illegible] alive on March 31 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to: Hypertension and Arteriosclerosis

Due to:

Other Conditions: Hemiplegia (Left Side)
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Campbell M. D.
Address Provident Hospital Date signed 3-31-43

02838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43a Registered 02838

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 734 Cumberland St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 734 Cumberland St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Emma —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1880

8. AGE: Years 63 | Months — | Days 30 | If less than one day hr. min.

9. Birthplace York Co. Pa.
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or Business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Maria Barber

15. Birthplace York Co. Pa.

16 (a) Informant Mary E. Whitaker

(b) Address 734 Cumberland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1943 (month) (day) (year)

(c) Cemetery or crematory Coptic Church Cem.

Location Yorktown, Pa.

18 (a) Funeral director Mrs. George H. Holland

(b) Address 1681 Druid Hill Ave.

19 (a) (Date rec'd by Reg.) (b) Signature for William Register

ACR 3-1943

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 — 1943 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 — 1943 to March 31 1943 and that I last saw [illegible] alive on March 30 1943

Immediate cause of death: Hemiplegia — Duration

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Coleman M. D.

Address 2139 McCulloh Date March 31 1943

G 02839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E Registered No.

G 02839

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write R.F.D. and give town)
Street No. 1616 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mabel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1880

8. AGE: Years 62 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace Reidsville, Va.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Reidsville, Va.

MOTHER
14. Maiden Name Emelia Bingham
15. Birthplace Reidsville, Va.

16 (a) Informant Mabel Thomas
(b) Address 1616 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) [illegible] (b)
Registrar

Registered by me [illegible]
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to March 1943, and that I last saw him alive on March 31 1943.

Immediate cause of death Epitheroma. — Duration 5 yrs

Due to Hemorrhage — 1 hour

Due to (a) (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. A. Zimmerman, M.D.
Address 9353 Harford Date signed 4/3/43

Huntington Williams, M.D.

G 02840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 02840 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2523 E. Oliver St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 E. Oliver St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Eldry Kellam

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-05-0639

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Jane Kellam
6 (c) If wife, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb 16 1879

8. AGE: Years	Months	Days	If less than one day
64	1	17	16 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Signal Corps
11. Industry or business Aberdeen Md.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Viola Kellam
15. Birthplace Virginia

16 (a) Informant Mary Jane Kellam
(b) Address 2523 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5, 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2425 E. Oliver St.

19 APR 2 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943. at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27, 1943. to April 2 1943. and that I last saw him alive on April 1, 1943.

Immediate cause of death: Coronary occlusion — Duration: 2 Mos.

Due to: Arteriosclerosis — 1 yr.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert E. Kellam
Address 1615 E. North Ave Date signed 4-3-43

G 02841 HEALTH DEPARTMENT—CITY OF BALTIMORE G 02841

CERTIFICATE OF DEATH 92D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME REBECCA PETERSON

(a) Residence: No. 319 Desmond St., 4-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

FATHER

13. NAME Samuel ?

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lottie Smith

(Address) 319 Desmond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4-5-43 19

19. UNDERTAKER William A. Jackson

(Address) 916 Pennsylvania Ave

20. FILED APR 3 - 1943 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1943

22. I HEREBY CERTIFY, That I took charge of the case at 11:30 A.M. on ... last viewed ... alive and that ... died at ... (Hour) on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Wollenweber M. D.

(Address) 1st Med. Bn.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

G 02842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

162a

G 02842
Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lake Drive Apts. Lake Drive near Linden Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d

(e) Length of stay in Baltimore (yrs., mos., or days) 53 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. Lake Drive Apts. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CARRIE FELDENHEIMER.

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Joseph Feldenheimer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1845.

8. AGE: Years	Months	Days	If less than one day hr.	min.
97	10	1		

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Zadok Rothschild,
13. Birthplace Germany.

MOTHER
14. Maiden Name Viola Nusbaum,
15. Birthplace Germany.

16 (a) Informant Miss. Helen Feldenheimer,
(b) Address Lake Drive Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harid Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (a) APR 3 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd. 1943 at 8:30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 3-28 1943 to 4-2nd 1943, and that I last saw her alive on 4-2nd 1943.

Immediate cause of death Marasmus senilis — Duration

Due to

Due to

Other Conditions Dementia senilis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr. Hans Bix M.D.

Address Georgian Apts. Date signed 4/2/43.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 02843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

G 02843 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11+
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Eutaw Place. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME FANNIE FISHMAN STRASBURGER.

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Ivan S. Strasburger
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1883

8. AGE: Years 60 | Months 2 | Days 23 | If less than one day: ____ hr. ____ min.

9. Birthplace Danville, Pa. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Herman F. Fishman,
13. Birthplace Vienna.

MOTHER
14. Maiden Name Sarah Loeb,
15. Birthplace Danville, Pa.

16 (a) Informant Mr. I. S. Strasburger,
(b) Address 1211 Eutaw Place.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/5/43. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Fort Lincoln
Location Bladensburg, Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1802 Eutaw Place

19 (a) APR 3 - (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd. 1943, at 10 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 14 1943. to April 2 1943. and that I last saw her alive on April 2 1943.

Immediate cause of death	Duration
General carcinomatosis	1 yr
Due to	
Due to Carcinoma of ovary	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Oct. 1942.
Major findings of operation: Exploratory made at John Hopkins one year ago. Inoperable carcinoma of ovary etc
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frederick Long M. D.
Address Temple Garden Apts Date signed 4/3/43.

VS 8

G 02814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

G 02844
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Gough St. (If Rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Josephine Mach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Joseph Mach
6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years: 60 Months: 1 Days: 23 If less than one day: 24 hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Own home

FATHER
12. Name: Felix Zakowa
13. Birthplace: Poland

MOTHER
14. Maiden Name: Agatha ?
15. Birthplace: Poland

16 (a) Informant: Joseph Mach
(b) Address: 1927 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-43 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore County

18 (a) Funeral director: George A. Weber
(b) Address: 705 So. Chas. street

(Signature of undertaker) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943, at 7.02 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1943, to April 2 1943, and that I last saw h[illegible] alive on April 2 1943, 6.

Immediate cause of death: Intestinal obstruction — Duration: 3 days
Due to: Paralytic ileus
Due to: Acute suppurative appendix — 4 days
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: March 31, 1943
Major findings of operation: Perforated appendix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Isabella Isaacson M. D.
Address: [illegible] Date signed 4-12-43

VS 3

G 02845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02845 Registered No.

181

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen. Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Cherry Hill Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie a. Chenoweth

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife Howard J. Chenoweth
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug. 29 1882

8. AGE: Years	Months	Days	If less than one day
60 61	7	6 3	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Algenfritz
13. Birthplace Unknown

MOTHER
14. Maiden Name Elsie Algenfritz
15. Birthplace Baltimore City

16 (a) Informant Clarence Chenoweth
(b) Address Reisterstown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5, 43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Wm. A. Gorsuch & Sons
(b) Address Reisterstown, Md

19 (a) (Date received by Registrar) APR 5 1943 (b) Huntington Pallmann, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 2 - 1943, at 11 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death Toxemia — **Duration**

Due to 2nd degree burns

Due to

Other Conditions 1/3 of body involved

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-22-43
(c) Where did injury occur? Cherry Hill Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Burned, used to stoke fire. Coal

23. Signature Howard J. Maldeis M.D.
Medical Examiner
Date signed 4/3/43

G 02846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 02846
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 N. Carey St
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 N. Carey St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Heighington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	Col	Widow

6 (b) Name of husband or wife David
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER	12. Name unknown
	13. Birthplace unknown
MOTHER	14. Maiden Name unknown
	15. Birthplace unknown

16 (a) Informant Susie Johnson
(b) Address 1374 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director George R. Telion
(b) Address 1303 Pennsylvania Ave Huntingtown Williamsport, Md

(Signature of Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1- 1943 at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10- 1942 to 4-1- 1943 and that I last saw h alive on 4-1- 1943.

Immediate cause of death: Chronic Valvular Heart Disease — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George R. Telion
Address 1516 N. Mount St Date signed 4-3-43

G 02847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1245

G 02847 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1722 Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 Bolton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY WIRT HARRISON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret Harrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1869

8. AGE: Years	Months	Days	If less than one day
73	4	7	hr. min.

9. Birthplace St. Mary's Co., Md.
(Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business Coffee Co.

FATHER
12. Name Philip Harrison
13. Birthplace Charles Co., Md.

MOTHER
14. Maiden Name Sarah Kingsley Dent
15. Birthplace Kentucky

16 (a) Informant Mrs. Margaret Harrison
(b) Address 1722 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)
(c) Cemetery or crematory Ward's Chapel Cem.
Location Liberty Rd.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (Date rec'd by Registrar) Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH April 1, 1943, at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to April 1 1943, and that I last saw h[illegible] alive on April 1 1943

Immediate cause of death Cirrhosis of Liver

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Mid Atl Date signed 4-2-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02848 Registered No. 93E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: (a) Baltimore City, Maryland
(b) Street address 2200 Lyndhurst Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Lyndhurst Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: ELIZABETH VIRGINIA ROOP

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Abraham A. Roop
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1847

8. AGE: Years 95 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace near Union Bridge, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William M. Haines
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Anna H. Lightner
15. Birthplace Carroll Co., Md.

16 (a) Informant Mr. Guy R. Roop
(b) Address 2200 Lyndhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address [illegible]

19 (a) APR 3 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1943, at 2:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1941 to 4/2 1943 and that I last saw h[illegible] alive on 4/1 1943.

Immediate cause of death: Myocardial insufficiency — Duration: 5 days
Due to: Hypertension — Duration: 7
Due to: Arteriosclerosis — Duration: 1
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roberta Reuter M.D.
Address 3408 Windsor Ave. Date signed 4/7/43

VS 250

G 02849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 02849 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 Ellerslie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) – 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Ellerslie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary L. Isaacs
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-01-3315
4 Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1904
8. AGE: Years 38 Months — Days — If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business Seamstress
FATHER 12. Name Benjamin Isaacs
13. Birthplace Howard Co
MOTHER 14. Maiden Name Maggie Isaacs
15. Birthplace Howard Co
16 (a) Informant Mrs Isaacs
(b) Address 430 Ellerslie
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 3 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location
18 (a) Funeral director Mary M Pinderfield
(b) Address 371 E 22nd St
19 (a) (Date received by registrar) (b) Registrar's signature
VS APR 3 – 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943 at 11 A M
21. I certify that death occurred on the date above stated, that I attended deceased from Mar 31 1943 to April 1 1943, and that I last saw her alive on April 1 1943.
Immediate cause of death Apparently Carcinoma of Stomach
Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Ephraim M.D.
Address 426 E 25th St Date signed 4-3-43

G 02850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G 02850

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 945 W. Fayette Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 +
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 945 W. Fayette Street (If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Lillian Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 1886

8. AGE: Years	Months	Days	If less than one day
56	3		hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Joe Harris
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Ette Hall
15. Birthplace Balto, Md

16 (a) Informant Sedonia Harris
(b) Address 945 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location .....

18 (a) Funeral director Wm Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) ..... (b) ..... (day registrar) Registrar

APR 3 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30- 1943, at 12 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death ..... Duration

Acute Pulmonary Edema

Due to .....

Due to .....

Other Conditions Arteriosclerotic Cardiovascular Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Howard J. Waldron M.D.
Medical Examiner.
Date signed 3/31/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 G 02851

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Parkway
(c) Hospital or institution: U.S. Marine Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months
(e) Length of stay in Baltimore (yrs., mos., or days) resident

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts. (If rural, give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. William Meade Burwell

3 (b) If veteran, name war — No —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie Field Burwell
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 7 1866

8. AGE: Years	Months	Days	(If less than one day) hr.	min.
76	10	26	5	

9. Birthplace Floyd Co. Virginia (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business —

FATHER
12. Name Nathaniel Burwell
13. Birthplace Virginia

MOTHER
14. Maiden Name Harvey Pendleton
15. Birthplace Virginia

16 (a) Informant Mrs Nellie F. Burwell
(b) Address Homewood Apts.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4-4-43 (month) (day) (year)
(c) Cemetery or crematory East Hill
Location Salem - Va.

18 (a) Funeral director Stuart M. Gomm Co.
(b) Address 108 W North Ave.

19 APR 3 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1943, at 6.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14th 1943, to April 2 1943, and that I last saw him alive on 4-2 1943.

Immediate cause of death	Duration
Cerebral Arterio Sclerosis Hemorrhage	
Due to	
Due to	
Other Conditions Bronchial Pneumonia (Include pregnancy within 3 months of death)	

Date of operation None
Major findings of operation: —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick K. Albrecht, M. D.
Address U.S. Marine Hospital Date signed 4-2-43
Baltimore - Md.

VS 8

G 02852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02852 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2547 N. Loudon St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2547 N. Loudon St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Balbier Sr

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-10-8805

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Magdalena Balbier
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 28 1876

8. AGE: Years	Months	Days	If less than one day
66	11	4	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Steel Works

FATHER
12. Name John Balbier
13. Birthplace Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace Hungary

16 (a) Informant Magdalena Balbier
(b) Address 2547 N. Loudon St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County, Md.
18 (a) Funeral director J. P. Whitaker Son
(b) Address 300 Eutaw St
19 (c) APR 3 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1943 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1943 to April 1st 1943
and that I last saw him alive on April 1st 1943.

Immediate cause of death Pneumonia
Edema
Due to Chronic Myocarditis

Duration 4 Days
2.

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. J. Sanders
Address 106 N. Milton Date signed 4/2/43 M. D.

VS 150

G 02853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 02853 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Elvaton, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andy Demasko or Domosko

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
51?			hr. min.

9. Birthplace Russian (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Russian

MOTHER
14. Maiden Name Not known
15. Birthplace Russian

16 (a) Informant Mr. Steve Demchuk
(b) Address Elvaton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4-43 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John A. Greblunas Sr.
(b) Address 423 S. Paca St.

19 APR 6 1943 Filed by Registrar Huntington Williams

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943, at 11:22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943, to April 2 1943, and that I last saw him alive on April 2 1943.

Immediate cause of death: Coronary thrombosis

Due to: Arteriosclerosis C.V. Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar Macmillan
Address University Hosp. Date signed 4-3-43

G 02854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 02854 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
Admitted 3/31/43
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ??

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. Ga. (b) County -
(c) City or town Baltimore Augusta
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 N. Parlow St. (Brother's Add.)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JULIAN BARRETT

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1897

8. AGE: Years	Months	Days	If less than one day
46	2	19	- hr. - min.

9. Birthplace Augusta Atheney, Ga.
(Town, county, and state)
10. Usual Occupation Messman
11. Industry or business Mer. Seaman

FATHER
12. Name Thomas Barrett
13. Birthplace Ga.

MOTHER
14. Maiden Name Bertha Miller
15. Birthplace Ga.

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md. Lorraine Lee

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-43 (month) (day) (year)
(c) Cemetery or crematory Magnolia Lawn.
Location Augusta, Ga.

18 (a) Funeral director Loring Byers
(b) Address 500 N. Charles Street
Baltimore, Md.

19 4/4/43 (Date received by registrar) (By) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH April 1, 1943, at 9:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31, 1943 to April 1, 1943, and that I last saw him alive on April 1, 1943.

Immediate cause of death Lobar pneumonia stage, Red Hepatization lt. lower lobe; Acute toxic Hepatitis — Duration 1 wk.

DUE TO

Due to -

Other Conditions -

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury -

23. Signature U.S. Blair M. D.
U.S. Marine Hosp.
Address Baltimore, Md. Date signed 4/2/43

VS 180 MS-45219 (over)

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 02855 | CERTIFICATE OF DEATH | 9 G 02855

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME RAYMOND HYNSON

If U. S. Veteran specify WAR .....

(a) Residence: No. 1007 W. Barre St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 31st 1942

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6 5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Melvin Hynson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Harriett Kohlhoff

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Harriett Hynson

(Address) 1339 Richardson St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date April 5th 1943

19. UNDERTAKER Charles F. Dill

(Address) 1501 E Fort Ave

Filed APR 7 1943 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and (saw the body) (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	
due to Whooping Cough	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. L. Wollenweber, M. D.

(Address) 1501 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

APR 7 1943

V 66

G 02856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02856 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2039 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2039 Fleet St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Penelter Creasy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife James M. Creasy 6 (c) If alive, give age 68 yrs

7. Birth date of deceased (mo., day, yr.) Jan 27, 1885

8. AGE: Years	Months	Days	If less than one day
58	2	7 6	hr. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Rufus Adkins
13. Birthplace Kentucky

MOTHER
14. Maiden Name Dorcas Jones
15. Birthplace Kentucky

16 (a) Informant Mrs. Corcoran
(b) Address 10 N. Wolfe St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/4/43 (month) (day) (year)
(c) Cemetery or crematory Pt Lookout Cem.
Location Petersburg Va

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.

APR 6 1943 (Date rec'd by registrar) (b) Huntingtown Williamsport MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1943, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to April 3rd 1943, and that I last saw h[illegible] alive on April 2nd 1943.

Immediate cause of death: Coronary Occlusion — Duration: 1 day
Due to: Vascular changes — Duration:
Due to: Hypertension — Duration: 1 yr
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury — J. F. Ris M.D.
23. Signature J. F. Ris M.D.
Address — Date signed April 5/43

VS 1

G 02857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164c

G 02857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ Maryland Hospital 9-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Yolanda ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lela Eason

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James A Eason

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 30, 1881

8. AGE: Years 61 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Conway S C
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Edwin Dusenbury
13. Birthplace S C

MOTHER 14. Maiden Name — Causey
15. Birthplace S C

16 (a) Informant Mrs Hubert Hoo Rios
(b) Address 3701 Yolanda Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 5 (month) (day) (year)
(c) Cemetery or crematory Blaney Memorial Gdns
Location Murrells Inlet

18 (a) Funeral director Ellis & Funeral Home
(b) Address 2004-E Allegheny Ave

APR 6 1943 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3- 1943, at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Hemorrhage of Brain

Due to

Due to

Other Conditions Respondent

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-3-1943
Where did injury occur? 3701 Yolanda Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Bullet wound of head

23. Signature Howard J. Mc Elwain M.D.
Medical Examiner.
Date signed 4-3-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 02858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D G 02858

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOHN VAN BOKERN

If U. S. Veteran specify WAR ...

(a) Residence: No. 1500 Hanover St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J Van Bokern

6. DATE OF BIRTH (month, day, year) Nov 12 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Van Bokern

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Hannah Keene

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Miss Rose Van Bokern

(Address) 611 N Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Bel Air Date Apr 5 1943

19. UNDERTAKER Keller & Funeral Home

(Address) 2004 E. Baltimore St

APR 6 1943 19 ... Registrar

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H L Wollenweber M. D.

(Address) Asst Med. Examiner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

G 02859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157

G 02859 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Hanover
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 mos 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Tiffany Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3 (a) FULL NAME Leslie Holmes (WATTS)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1942

8. AGE: Years	Months	Days	If less than one day
1			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Watts
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Beatrice Holmes
15. Birthplace 1017 Tiffany Court

16 (a) Informant Beatrice Holmes
(b) Address 1017 Tiffany Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County Md

48 (a) Funeral director Adolphus Pollard
(b) 918 Druid Hill Ave.

Date received by registrar 4-1-43 Registrar for Williams D.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-1943, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8-1943 to 4-1-1943 and that I last saw h[illegible] alive on 4-1-1943.

Immediate cause of death Pyelo-nephritis — Duration

Due to Ascending G.U. tract infection

Due to Congenital valve & kinking of Ureter

Other Conditions Chronic nephritis malnutrition
(Include pregnancy within 3 months of death)

Date of operation 3-9-43

Major findings of operation: Kinking of Ureter

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. E. Wilson M. D.
Address 803 N. Fremont Date signed 4-1-43

FB 150

G 02860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

G 02860 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 429 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Decoasey Hammond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Charles Hammond
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Frank Heath
(b) Address 429 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location a. a. county

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 Filed 4/3/43 Received by registrar Lucy Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1 1943 at 9 M

21. I certify that death occurred on the date above stated, that I attended deceased from 1943 to 1943, and that I last saw h[illegible] alive on 1943.

Immediate cause of death Uraemia carditi

Duration yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 4/3/43

VS 150

G 02851 **HEALTH DEPARTMENT—CITY OF BALTIMORE** G 02861

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2124 McCulloh St. 11-4 Ward)
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ____ yrs. 2 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Martha Galaway
If U. S. Veteran specify WAR _____
(a) Residence: No. 1011 Linden ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/16/1902

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
21	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 3/26 | 11. Total time (years) spent in this occupation 3 Mo

12. BIRTHPLACE (city or town) (State or country) Mount Airy N. C.

FATHER
13. NAME James A Galaway
14. BIRTHPLACE (city or town) (State or country) Mount Airy

MOTHER
15. MAIDEN NAME Delia McLoud
16. BIRTHPLACE (city or town) (State or country) Mount Airy N C

17. INFORMANT Mary G. Ferguson
(Address) 1011 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Airy N. C. Date 4/7/43

19. UNDERTAKER Adolphus Halstead
(Address) 1918 Druid Hill Ave

20. FILED APR 7 1943 Huntington Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 2, 1943

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26 1943 to Ap. 2 1943
I last saw her alive on Ap. 2 1943 Death is said to have occurred on the date stated above, at 9.30 A.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Lobar Pneumonia	4 Ds
Other contributory causes of importance Bronchitis	2 Wks

Was an operation performed? No Date of _____
For what disease or injury? _____
Name of operation _____
What test confirmed diagnosis? Medical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify _____

(Signed) J. H. Walters M. D.
(Address) 2124 McCulloh St

G 02862

G 02852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 720

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Grove
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Menlo Drive
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Ethel Globe

3 (b) If veteran, name war _____

3 (c) Social Security Account No. _____

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 40 | Months _____ | Days _____ | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation _____

11. Industry or business None

FATHER
12. Name Herman Globe
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Globe
15. Birthplace Russia

16 (a) Informant Herman Globe
(b) Address 3411 Menlo Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetery
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) Date received APR 6 1943 (b) Registrar Huntington Williams Registrar

VS 124

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943 at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943 to April 3 1943 and that I last saw her alive on 4-3 1943

Immediate cause of death Thrombo-cytopaenic purpura

Due to _____

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation 4-3-43

Major findings of operation: splenomegaly

of autopsy: _____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R Cary MD

Address University Hosp Date signed 4-3-43 M. D.

G 02863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72a

Registered No. G 02863

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days) 51

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Sgrit
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1891

8. AGE: Years 51 | Months 9 | Days - | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Burlap Bag Wrps

FATHER
12. Name Merkel Sgrit
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Warshafsky
15. Birthplace Russia

16 (a) Informant Samuel Sgrit
(b) Address Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetery
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) Apr 6 1943 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943 at 6:04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1943, to 4-3 1943, and that I last saw him alive on 4-3 1943.

Immediate cause of death Respiratory failure due to
Due to Thrombocytopenic purpura
Due to
Other Conditions possible Coronary
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Levinson M. D.
Address University Hosp Date signed 4-3-43

VS 250

G 02864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

G 02864 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
Rutland Ave & Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Oakley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Krulevitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1914

8. AGE: Years	Months	Days	If less than one day
28	9	11	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business Clerk

FATHER
12. Name Max Krulevitz
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Ushinsky
15. Birthplace Russia

16. (a) Informant Max Krulevitz
(b) Address 2802 Oakley Ave

17 (a) Burial (b) Date thereof April 4, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory North Point Road
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) Apr 6 1943 (b) [illegible] for Williams
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1943 at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1943 to April 3 1943 and that I last saw her alive on April 3, 1943.

Immediate cause of death
Cardiac failure,
Due to Chronic Rheumatic Heart Disease
Due to
Other Conditions Rt hemiplegia & cerebral embolus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Katz
Address Sinai Hosp Date signed 4-5-43

G 02865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. G 02865

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert at 33rd St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 723 Northern Parkway (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME C Sherman Knight

3 (b) If veteran, name war —

3 (c) Social Security Account No. 205-07-8168

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mrs. C. Sherman Knight

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7/2/1864

8. AGE: Years 78 | Months 9 | Days 1 | If less than one day — hr. — min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Pay-roll & Voucher Clerk

11. Industry or business

FATHER
12. Name William Knight
13. Birthplace Md.

MOTHER
14. Maiden Name Almira Lockwood
15. Birthplace Md.

16 (a) Informant Hosp. records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) APR 6 1943 (b) Registrar — Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943, to April 3 1943, and that I last saw him alive on April 3 1943.

Immediate cause of death: Cardio. Resp. Failure — Duration 1 hr. 40 m.

Due to Pulmonary edema

Due to Intestinal biliary obstruction due to stone in common duct

Other Conditions Stenosis gall bladder

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Pulmonary edema; Obstruction of common duct

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature John A. Preston M.D.
Address Union Memorial Hosp. Date signed 4-3-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 02866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 02866
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2502 Roslyn Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 Roslyn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Darling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Margaret F. Darling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18th 1872

8. AGE: Years 70 | Months 5 | Days 15 | If less than one day: 4 hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Merchant

FATHER
12. Name John Darling
13. Birthplace

MOTHER
14. Maiden Name Mary
15. Birthplace

16 (a) Informant Margaret F. Darling
(b) Address 2502 Roslyn Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/5/43 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Woodlawn
Location Md

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

19 (a) Apr 1943 (b) Huntington Ave Baltimore MD
(Signature of registrar)

APR 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1943, at 10:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to March 2 1943, and that I last saw h / M alive on 3-2 1943.

Immediate cause of death: Uremic Poison — Duration: 4 days

Due to: Chronic Nephritis, Chronic arthritis — Duration: 5 yrs / 10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur G Davis M. D.
Address 700 W 33rd St Date signed 3-3-43

G 02867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 02867
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3607 Fernhill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Cohn

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	New born

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1943

8. AGE: Years	Months	Days	If less than one day
		5 days	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Herbert Cohn
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Esther Kotzack
15. Birthplace Russia

16 (a) Informant Esther Cohn
(b) Address

17 (a) Burial (b) Date thereof 4/4/43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Baltimore Hebrew
Location Baltimore Md

18 (a) Funeral director David Sonnenstein & Son
(b) Address 902 Eutaw Place

19 (a) Apr 4 1943 (b) Huntington Williams, M.D.
(Filed) (Signature of local registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1943. to April 3 1943, and that I last saw her alive on April 3 1943.

Immediate cause of death prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. L. Katzenstein M. D.
Address Sinai Hosp. Date signed 4/5/43

G 02868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

G 02868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2233 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Tennyson Sr

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Barbara A Tennyson

6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1860

8. AGE: Years 82 | Months 8 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired Produce Dealer

11. Industry or business

FATHER
12. Name James Tennyson
13. Birthplace England

MOTHER
14. Maiden Name Gillen
15. Birthplace ?

16 (a) Informant Barbara A. Tennyson
(b) Address 2233 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director Mr. & Mrs. John W. Tenfelson
(b) Address 801 W. Fayette St.

APR 4 1943 Date received by registrar — Harry G. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 2 1943 at 4 a. M 25

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1943 to 4-2 1943 and that I last saw h[illegible] alive on 4-2 1943.

Immediate cause of death

Due to Chronic Interstitial Nephritis — Duration 3 yr

Due to

Other Conditions Myocardial Degeneration — Duration 2 weeks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Miller

Address 150 N Broadway Date signed 4/2/43 M. D.

VS 8

G 02869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 02869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 W. Lexington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent Sylvester SILVESTRI

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1942

8. AGE: Years	Months	Days	If less than one day
	9	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Augustine Sylvester
13. Birthplace Italy

MOTHER
14. Maiden Name Inal Sylvester
15. Birthplace Terni

16 (a) Informant Augustine Sylvester
(b) Address 612 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 5 - 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Hanover St.

APR 4 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943, at 1145 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943 to 19 , and that I last saw h[illegible] alive on April 2 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Herman Williams M. D.
Address Maryland General Hospital Date signed April 2 1943

G 02870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a

G 02870 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1014 Brentwood Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Giacomo Jamie Fasciana Fasciano

3 (b) If veteran, name war: None

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Concetta Fasciana

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1869

8. AGE: Years	Months	Days	If less than one day
53	6	5	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Samuel Fasciana

13. Birthplace Italy

MOTHER 14. Maiden Name Josephine Inquatra

15. Birthplace Italy

16 (a) Informant Mrs. Jamie Fasciano

(b) Address 1014 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose

(b) Address 52 N. Morley St.

APR 4 - 1943 Huntington Williams Registrar

(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1943, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1943 to 4/2 1943, and that I last saw h[illegible] alive on 4/2 1943

Immediate cause of death: Uremia

Due to (a) Spinal Hemangioma

or

Due to (b) Cerebro-Vascular Accident

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
Unknown
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Roland A. Harper

Address Mercy Hospital Date signed 4/3/43

G 02871
T.N

80197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

G 02871
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 S. Robinson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin Rose

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 717-07-7314

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Seperated

6 (b) Name of husband or wife: Anne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1891

8. AGE: Years 52 | Months 2 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Shipyard Work

11. Industry or business Bethelehem Steel

FATHER
12. Name John Rose
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Gray
15. Birthplace Maryland

16 (a) Informant Baltimbre City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 5/43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location HARFORD ROAD

18 (a) Funeral director Lillyand Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 APR 4 - 1943 (Date rec'd by registrar) Wm. T. Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1 1943, at 11 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1943 to 4/1 1943.
and that I last saw h[illegible] alive on 4/1 1943.

Immediate cause of death: Pulmonary T.B. Heart failure — Duration: 10 days

Due to: Arteriosclerotic Heart Disease — Duration: 1 year

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

No

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mattus M.D.

Address B.C.H. Date signed 4/2/43

G 02872

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02872 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9-W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6701 BELAIR ROAD
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary V. Kenney

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: WIDOW
6 (b) Name of husband or wife: JOSEPH P. KENNEY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAY 16 1870

8. AGE: Years: 72 Months: 10 Days: 17 If less than one day: hr. min.

9. Birthplace: MASS. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: PETER CURRAN
13. Birthplace: IRELAND

MOTHER
14. Maiden Name: MARY RILEY
15. Birthplace: IRELAND

16 (a) Informant: AGNES FOWLER (NIECE)
(b) Address: 1 PRAGUE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 6/43 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEM E R
Location: BELAIR ROAD.

18 (a) Funeral director: Lilly and Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 APR 4, 1943 (b) Thos. J. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1943, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943 to April 2 1943 and that I last saw h. er alive on April 2 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Hypertensive Cardio-Vascular Disease.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Williams H. Fleming M.D.
Address: St. Joseph's Hosp. Date signed 4-3-43

VS 8

G 02873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 02873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Poplar Grove St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard D. Sandridge

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 377-05-5938

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Mary Rowland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1894

8. AGE: Years	Months	Days	If less than one day
48	5	20	hr. min.

9. Birthplace West Va. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Penfield-Rutherford Ship Yd.

FATHER
12. Name Albert Sandridge
13. Birthplace West Va.

MOTHER
14. Maiden Name Nancy Snyder
15. Birthplace West Va.

16 (a) Informant Mary R. Sandridge
(b) Address 1735 Poplar Grove St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory Elkins
Location Elkins, West Va.

18 (a) Funeral director Wilson & Son
(b) Address 1217 E. Pratt St

APR 4 - 1943 (Date received by Registrar) (Signature of Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1943 to 4/3 1943, and that I last saw him alive on 4/3 1943.

Immediate cause of death
Lobar Pneumonia
Bacterial Endocarditis
Due to
Due to
Other Conditions [redacted] Cirrhosis of Liver
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations None
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M.D.
Address Md. General Hospital Date signed 4/3/43

G 02874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

G 02874
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 N. Gay Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon Shingles

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Allie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1895

8. AGE: Years 47 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace America Georgia
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Sep Shingles
13. Birthplace Ga.

MOTHER
14. Maiden Name Matilda Jackson
15. Birthplace Ga.

16 (a) Informant Allie Chambers Shingles
(b) Address 923 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Balto. County Md.

18 (a) Funeral director Mrs. Robert E. Elliott & Dept
(b) Address 1129 N. Carlton St.

APR 4 - 1943

(Signature of Registrar) Hunkington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943 at 2.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31 1943 to 4-1 1943.
and that I last saw him alive on 3-30 1943.

Immediate cause of death: Hypertensive cardio-vascular disease (uremia)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 5 yrs. months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Browne

Address 500 E. Madison St Date signed 4/5/43

G 02875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02875 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217. Annapolis Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217. Annapolis Road. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emil E. Demely.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Widowed

6 (b) Name of husband or wife Edith A. Demely.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb-7-1863

8. AGE: Years	Months	Days	If less than one day
80	1	21	24 hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Retired glass worker
11. Industry or business

FATHER
12. Name Joseph Demely
13. Birthplace Switzerland

MOTHER
14. Maiden Name Elizabeth Richards
15. Birthplace Switzerland

16 (a) Informant Louis E. Demely
(b) Address 2217. Annapolis Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore.

18 (a) Funeral director Minnie B. Syfer
(b) Address 1600 W. North Ave.

APR 4 - 1943 (Date rec'd by registrar) (b) Huntingtown Williamsport Md. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943. to April 1943. and that I last saw him alive on March 31 1943.

Immediate cause of death: Coronary Occlusion — Duration 9 mo.
Due to Heart Disease
Due to Senile (age)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R J Gilmore M. D.
Address 2208 Hollins Ferry Rd Date signed 4/2/43

VS 3

G 02876 T.N 77218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G 02876 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 McKean Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Strouse

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-5271

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Sept.

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15, 1884

8. AGE: Years	Months	Days	If less than one day
59 62	0	16	hr. (or) min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name George Strouse (Deceased
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Snack
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 0-1943 (month) (day) (year)
(c) Cemetery or crematory Louden Park Cem
Location Baltimore

18 (a) Funeral director Maurice B. Syfer
(b) Address 1600 W. North Ave

APR 4 - 1943 (b)
(Date rec'd by registrar) Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1943 at 1-0 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6 1942 to 4-1 1943 and that I last saw h alive on 4-1 1943.

Immediate cause of death

Due to Carcinoma of Pancreas with metastases — Duration 6 ms

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 10-7-42
Major findings of operations: None
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bonnie Bartlett
Address Balto City Hosp Date signed 4-1-43 M. D.

G 02877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44a

Registered G 02877

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 McKewin Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 McKewin Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patrick J Rankin

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Male	White	Married

6 (b) Name of husband or wife Pauline G. Rankin
6 (c) If alive, give age 54 yrs.

7. Birth date of deceased (mo., day, yr.) Feb. I5, ~~1888~~ 1889

8. AGE: Years	Months	Days	If less than one day
58	I	I6	hr. min.

9. Birthplace Baltimore Md, (Town, county, and state)
10. Usual Occupation (Engineer)
11. Industry or business U. S. Government

FATHER
12. Name Peter Rankin.
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Kane
15. Birthplace Ireland

16 (a) Informant Mrs. Pauline G. Rankin
(b) Address 626 McKewin Ave, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/I943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd., Baltimore

18 (a) Funeral director John A. Wilson
(b) Address 4201 Greenmount Ave.
(c) Date rec'd by registrar APR 4 — 1943 (d) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April I. 19 43. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 1 1943. and that I last saw him alive on April 1 1943.

Immediate cause of death: coronary occlusion — arteriosclerosis — — Duration 4/1/43
Due to: arterial hypertension — 2 yrs
Due to: — 2 yrs
Other Conditions: Obesity — 10 yrs

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Louis F. Krumrine M. D.
Address 722 N. Hammond Ave. Date signed 4/3/43

VS 280

(over)

G 02878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02878 Registered No. 1220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2917 Kennedy Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KATHERINE FINAGIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife John A. (Husband)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1900.

8. AGE: Years	Months	Days	If less than one day
42	3	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House wife.
11. Industry or business Home

FATHER
12. Name John E. Kilchenstein
13. Birthplace Balto.

MOTHER
14. Maiden Name Katherine Schielting
15. Birthplace Balto.

16 (a) Informant John A. Finagin
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6-43 (Month) (day) (year)
(c) Cemetery or crematory Mem. Balto.
Location Old Frederick Rd.

18 (a) Funeral director Jas. H. Valentine
(b) Address 2326 Eutaw St.

19 (a) APR 6 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 5 1943 at 6:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/28 1943 to 4/5 1943, and that I last saw h alive on 4/5 1943.

Immediate cause of death Pulmonary Embolus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chr. cholecystatis Umbilical & Epigastric Hernia
Of autopsy Pulmonary Embolus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J. Lasky M.D.
Address Bal. Gen. Hosp Date signed 4/7/43

G 02879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 02879
Registered No.

1. PLACE OF DEATH: 1926 Ramsay St.
(a) Baltimore City, Maryland
(b) Street address 1926 Ramsay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Ramsay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 59 years

3 (a) FULL NAME Charles Lang

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-0465

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed.

6 (b) Name of husband or wife Barbara Lang
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/26/1864

8. AGE: Years	Months	Days	If less than one day
78	10	3	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Baffer in Bread Factory
11. Industry or business -Retired-

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Spitz.
15. Birthplace Germany

16 (a) Informant Mrs. Katherine Bloecher
(b) Address 1926 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetary
Location Baltimore Md.

18 (a) Funeral director Charles W. Dill.
(b) Address 3109 Frederick Ave.

APR 4 — 1943 (Date received by registrar) Huntington Williams, M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1943, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Apr 3 1943 and that I last saw h. alive on Apr 2 1943

Immediate cause of death

Myocarditis
Due to Duke from Arteriosclerosis

Due to

Other Conditions Prostatic Sclerosis
Carcinoma Lung Diabetes
(Include pregnancy within 3 months of death)

Duration
2 Wks
4 months
4 yrs

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Kahn M.D.
Address 9027 Reisterstown Rd Date signed April 4 1943

G 02880 T.N 80610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

G 02880 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Spring St North (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Cheeney (Eugene Chaney)
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-12-9622

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	C.	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 18, 1892

8. AGE: Years	Months	Days	If less than one day
50	8	14 13	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Laborer (Unemployed)
11. Industry or business

FATHER
12. Name Bery Rinthe Guigley
13. Birthplace Maryland

MOTHER
14. Maiden Name Julie Cheeney
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Loketh. Towns
18 (a) Funeral director Loketh. Towns
(b) Address 804 W. Caroline St

APR 4 - 1943 (Date rec'd by registrar) Huntington Mills, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 1 1943, at 10 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1943, to 4-1 1943, and that I last saw h alive on 4-1 1943.

Immediate cause of death: Carcinoma of Esophagus — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation N/9

Major findings of operations:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Stett
Address Balto City Hosp Date signed 4-2-43 M. D.

G 02881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 02881 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3147 Frederick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hood

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	217-03-2152

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Pauline A. Hood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1901

8. AGE: Years	Months	Days	If less than one day
42	1	8 10	hr. min.

9. Birthplace St. Dennis, Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Sun Cab Co.

FATHER
12. Name Edgar C. Hood
13. Birthplace

MOTHER
14. Maiden Name Florence Crawford
15. Birthplace

16 (a) Informant Mrs. Pauline A. Hood
(b) Address 3147 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick Dolle
(b) Address 1900 W. Lombard St.

19 (a) (Date rec'd by registrar APR 4 - 1943) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2/43 19 , at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31/43 19 to 4/2/43 19 , and that I last saw him alive on 4/2/43 19 .

Immediate cause of death: Chronic Glomerulonephritis — Duration

Due to

Due to

Other Conditions Secondary Anemia Hypertensive C. V. Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Chronic Glomerulonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis E. Gundersen Jr. M. D.
Address Franklin Sq. Hosp. Date signed

VS 3

G 02882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1945

G 02882 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max Tiepermann

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma A. Tiepermann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1870

8. AGE: Years 72 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Retired

FATHER
12. Name Henry E. Tiepermann
13. Birthplace Germany

MOTHER
14. Maiden Name Marie
15. Birthplace Germany

16 (a) Informant Mrs Emma A. Tiepermann
(b) Address 2125 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-45 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1700 W Lombard St

19 (a) (Date rec'd by registrar) APR 4 - 1945 (b) Lington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1945 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1945, to March 31 1945, and that I last saw h— alive on March 30 1945.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Arterio Sclerosis — 4 years

Due to Hypertension — 4 years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Tormoehlen M.D.

Address 910 W. Lombard Date signed Apr 3-45

HEALTH DEPARTMENT—CITY OF BALTIMORE

02883 02883

CERTIFICATE OF DEATH 1943

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 N Spring St. Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rufus Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 1204 N Spring St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hazel Thompson

6. DATE OF BIRTH (month, day, year) Sept 15 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal + Wood dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester S. C

FATHER

13. NAME P. Elbert Thompson

14. BIRTHPLACE (city or town) (State or country) Chester S. C

MOTHER

15. MAIDEN NAME Millie Thompson

16. BIRTHPLACE (city or town) (State or country) Chester S. C.

17. INFORMANT Susie Thompson

(Address) 1204 N Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 2 19 43

19. UNDERTAKER Mrs Hattie R Williams

(Address) 322 N Stricker St

APR 4 1943 19 Mrs Hattie R Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 19 43

22. I HEREBY CERTIFY, That I attended deceased from March 31 19 43

I last saw her alive on March 31 19 43 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiate	?
Arteriosclerosis	?
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bernard Hoen M. D.

(Address) 1707 N Carlton St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V2 3

G 02884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13R

G 02884 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 203 Parrish St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Brown 80368

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	black	married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1911

8. AGE: Years	Months	Days	If less than one day
31	7	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Roland Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Julie Holly
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mrs. Wiggins

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) APR 4 1943 Huntington Williams M.D. Registrar
(b) Date received

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943, at 10:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1943, to Mar. 31 1943, and that I last saw her alive on Mar. 31 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 3 mos?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hartz
Address Balto City Hosp Date signed 4/1/43

G 02885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 02885 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 W. Conway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 W. Conway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Garrett

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
M	Col	Widower	—	— years

7. Birth date of deceased (mo., day, yr.) 3/23/98

8. AGE: Years	Months	Days	If less than one day
45	0	8	hr. min.

9. Birthplace Halifax Co., Va.
(State, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name Fountain Garrett
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie —
15. Birthplace Va.

16 (a) Informant Mary Garrett
(b) Address 500 W Conway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co. — Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 2222 W Lombard St

APR 4 - 1943
(Date rec'd by registrar) (b) Kingston Williams registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1/1943 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18/1942 to 4/1/1943 and that I last saw h— alive on 3/30/1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 4 days
Due to: Arterio Sclerosis — 7 Yrs.
Due to:
Other Conditions: Acute Alcoholism — 6 hrs.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 711 N Gilmor Date signed 4/3/43 M.D.

VS 2

FEMALE NURSES PHYSICIANS, WHEN SIGNING CERTIFICATES, should write the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

02886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. C 12886

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Admitted 4/1/43
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 657½ W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN McKENZIE

3 (b) If veteran, name war: World's War

3 (c) Social Security Account No. 218-01-905

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Alice McConnelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/23/1895

8. AGE: Years	Months	Days	If less than one day
47	10	10	hr. - min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business --

FATHER
12. Name Andrew McKenzie
13. Birthplace Scotland

MOTHER
14. Maiden Name Jessie A. McKenzie
15. Birthplace Scotland

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-43 (month) (day) (year)
(c) Cemetery or crematory Waugh Chapel Cem. Balto Co.
Location

18 (a) Funeral director A Lee Oder
(b) Address 4444 York Rd

19 APR 5-1943 (Date rec'd by registrar) (c) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1943 at 7:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1, 1943 to Apr. 2, 1943 and that I last saw him alive on Apr. 2, 1943

	Duration
Immediate cause of death: Terminal broncho-pneumonia	2 days
Due to: Necrosis involving rt. occipital lobe of brain	Unk.
Due to: Thrombosis	3 days
Other Conditions: -- (none)	

(Include pregnancy within 3 months of death)
Date of operation --
Major findings of operation: -
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? --
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? --
(Specify type of place) While at work?
(e) Means of injury --

23. Signature R. H. Bridenbaugh M. D.
Address Baltimore, Md. Date signed 4/2/43

VS 200

Va 12963

02887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 02887

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3121 Cedarhurst Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3121 Cedarhurst Rd. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E [redacted] Lawley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Samuel A. Lawley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-3-1873

8. AGE: Years 70 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name Antone Freede

13. Birthplace Germany

MOTHER

14. Maiden Name Humphrey

15. Birthplace Germany

16 (a) Informant Mrs Paul Cook

(b) Address 3121 Cedarhurst Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location

18 (a) Funeral director Wendell E. Humphreys

(b) Address 1101 N. Broadway

19 (a) APR 5 - 1943 (Date received by Registrar) (b) Huntington Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1943, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1927 to April 1 1943 and that I last saw h[illegible] alive on March 31 1943.

Immediate cause of death Arteriosclerosis hypertension, cardiac, pneumonia, renal disease — Duration 6 yrs.

Due to —

Due to —

Other Conditions Diabetes Mellitus — 6 yrs.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Helen G. Humphreys M.D.

Address 1445 N. Gay St. Date signed 4/5/43

02888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

G 02888
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Martinsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 S Raleigh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fanny M Leiter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Mrs Frances D Leiter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1869

8. AGE: Years	Months	Days	If less than one day
74	2	25	hr. min.

9. Birthplace Washington Co, Md
(Town, county, and state)
10. Usual Occupation Trust officer
11. Industry or business Bank

FATHER
12. Name C. B. Leiter
13. Birthplace Washington Co. Md.

MOTHER
14. Maiden Name Frances Wilson
15. Birthplace Washington Co Md

16 (a) Informant Mrs Frances Leiter
(b) Address 209 S. Raleigh St. Martinsburg W.Va
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4. 5. 43 (month) (day) (year)
(c) Cemetery or crematory
Location Mausoleum Fort Va
18 (a) Funeral director F. V. Kaufmer
(b) Address 120 E Edwin Raon Av
19 APR 5 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to April 4 1943, and that I last saw him alive on April 4 1943.

Immediate cause of death	Duration
Paralytic ileus	4
Due to Gangrene of small bowel (resected)	5
Due to Strangulated incisional hernia	6
Other Conditions Fixed infection, Carcinoma ovary, Uterus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: Gangrene of bowel, Strangulated Hernia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Isabella Hanson M. D.
Address Church Home & Hospital Date signed 4-4-43

PRESS WELL FIRMLY WITH PENCIL. Use typewriter if available. Entry must be complete and correct as far as known. Underline the cause to which death should be charged statistically. Physicians: please write the causes of death clearly and legibly.

VS 5

02889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 02889

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Supplies correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9II S. Ellwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9II S. Ellwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Monsignor Lawrence J. McNamara.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Male	White	Single

6 (b) Name of husband or wife **********
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1868

8. AGE: Years	Months	Days	If less than one day
74	7	10	hr. min.

9. Birthplace Massachusetts, U.S.A. (Town, county, and state)
10. Usual Occupation Priest.
11. Industry or business R. C. Church

FATHER
12. Name John McNamara
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Roche
15. Birthplace Ireland.

16 (a) Informant Miss Minnie McNamara
(b) Address Greenway Apts, Charles St,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John C. Kelly
(b) Address 3500 E. Baltimore St.

19 (a) Filed APR 5 1943 (b) Registrar Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1. 1943. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943. to Apr. 1 1943.
and that I last saw h.M alive on Apr. 1 1943

Immediate cause of death — Duration
Chr. Myocarditis.
Chr. Nephritis.
Due to arteriosclerosis.
Due to Diabetes.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Tawney
Address 441 S. Ellwood Ave Date signed 4/5/43

G 02890
AB- 80700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 117a

G 02890 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Parkside Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph K. Bierman

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. 212-03-1937

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2- 1879

8. AGE: Years	Months	Days	If less than one day
63	4	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business

FATHER
12. Name William Bierman (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Lucy Mitchell (D)
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1717 St. Paul St

APR 5 - 1943
(Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3-43 19 , at 2.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1943, to 4/3 1943 and that I last saw h[illegible] alive on 4/3 1943.

Immediate cause of death: Pneumonia RLL — Duration: Several weeks
Due to: Blood Loss — ?
Due to: Ulcer at Pylorus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: As above
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mattern M.D.
Address B. C. H. Date signed 4/4/43

G 02891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 02891 Registered No.

PLEASE WRITE PLAINLY. Use ink. Copy must be legible. Entry must be complete. Do not abbreviate. Give full name of institution, street address or location. Be sure to give correct age in years, months, days. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 14 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Cable St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Pleier

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	wh. the	Married

6 (b) Name of husband or wife Florence Pleier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1. 1885

8. AGE: Years	Months	Days	If less than one day
57	11	3	hr. min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation Butler
11. Industry or business Marshall Rid

FATHER
12. Name (Unknown) Pleier
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Florence E Pleier
(b) Address 207 Cable St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory St Marys Cemetery
Location Baltimore Md

18 (a) Funeral director Pelham & Son
(b) Address 2401 E Fayette St

19 (a) APR 5 - 1943 (b) Hunting for Pelham M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1943 at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1943 to April 4 1943, and that I last saw h(im) alive on 4/4 1943.

Immediate cause of death	Duration
Bronchopneumonia	14 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Infirm. Date signed 4/4/43

VS 3

G 02892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 02892 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hospital Colvert 56
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1336 Lee St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Morris

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-43

8. AGE: Years	Months	Days	If less than one day
		1	12 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Elgan Morris
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Wisler
15. Birthplace Balto. Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory Little Mount
Location Richmondale Ohio

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

APR 5 - 1943
(Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1943 to 4-4 1943.
and that I last saw h[illegible] alive on 4-4 1943.

Immediate cause of death Reflicatory Paralysis
Due to Premature
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A. Thomas M. D.
Address Mercy Hospital Date signed 4-5-43

02893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 02893

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto.
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 W. Lee St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Charles Schofield

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June - 1882

8. AGE: Years 60 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John Schofield
13. Birthplace N. Y.

MOTHER
14. Maiden Name Sarah Hubbard
15. Birthplace Va.

16 (a) Informant Mrs Irene Forgone
(b) Address 717 D. St. N.W. Washington

17 (a) Removal (b) Date thereof 4/5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bloch. Oak Kentucky
Location Kentucky

18 (a) Funeral director William Croby Jno.
(b) Address 317 St. Paul St. Huntington Williamsport Md

19 (a) APR 5 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1943, to April 4 1943, and that I last saw h[illegible] alive on April 3 1943.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address St. Agnes Hosp. Date signed 4/4/43 M.D.

VS 188

G 02894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02894 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Reisterstown Rd
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Strathmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James W. Sterling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife Marion W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1861

8. AGE: Years	Months	Days	If less than one day
81	6	29	hr. min.

9. Birthplace Cristfield Md (Town, county, and state)

10. Usual Occupation Commission Merchant

11. Industry or business

FATHER
12. Name George Sterling
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard Hauck
(b) Address 5605 Harford Rd.

19 APR 5 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1943 to April 2 1943, and that I last saw him alive on April 2 1943.

Immediate cause of death: Cerebral Hemmorhage — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? None at M (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature L. L. Gordy M.D.
Address 5106 Harford Rd Date signed 4/3/43

VS 180

G 02895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 02895 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1647 N. Smallwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Russia

3 (a) FULL NAME David Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Sarah Cohen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
82	—	—	hr. min.

9. Birthplace Brusk, Russia (Town, county, and state)
10. Usual Occupation Rabbi
11. Industry or business

FATHER
12. Name Benjamin Cohen
13. Birthplace Brusk, Russia

MOTHER
14. Maiden Name Sarah Geistyn
15. Birthplace Brusk, Russia

16 (a) Informant Son - Abraham Cohen
(b) Address 147 N. Calumwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Rosedale, Location Rosedale, Md

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1434 E. Balto. St.

19 (a) (Date received by registrar) (b) Huntingtown, Williamsport, Md Registrar

APR 5 - 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 1330 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3, 1943, to April 4, 1943, and that I last saw him alive on April 4, 1943.

Immediate cause of death Cardiac failure
Decompensation due to cardiac failure
Due to Arteriosclerotic Heart Disease and Coronary Thrombosis
Due to
Other Conditions Inguinal hernia, patent senile emphysema, & senilism

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin J. Hahnenger M. D.
Address Sinai Hosp. Date signed 4-5-43

G 02896

G 02896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert st
(c) Hospital or institution: Mercy Hospital W
(d) Length of stay in hospital or inst. (yrs., ~~mos., or~~ days) 2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 54

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 530 N. Pulaski st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Friedman
3 (b) If veteran, name war —
3 (c) Social Security Account No. Not

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	W	Married	Sarah	65 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia
10. Usual Occupation Retired Transportation Dept (Town, county, and state)
11. Industry or business

FATHER	12. Name Unknown
	13. Birthplace R
MOTHER	14. Maiden Name Unknown
	15. Birthplace R

16 (a) Informant Myer Friedman
(b) Address 2847 Loyola S. Way
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (Month) (day) (Year)
(c) Cemetery or crematory Beth Chaim Cem
Location Wash ave
18 (a) Funeral director Jos. Levi Inc
(b) Address 1439 E. Balto st
19 (a) (Date rec'd by local registrar) (b) Arlington Williams, M.D. Registrar
APR 5 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943 at 12:15 PM
21. I certify that death occurred on the date above stated, that I attended deceased from April 2 1943 to April 3 1943 and that I last saw h~~im~~ alive on April 3 1943.

Immediate cause of death Cerebral Thrombosis
Collapse — Duration

Due to Hypertension
Cardiac-vascular disease
Due to Surgical Procedure
for the Strangulated
Obstructed Inguinal Hernia

(Include pregnancy within 3 months of death)

Date of operation April 1 1943
Major findings of operation Strangulated Inguinal Hernia
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Davies
Address Mercy Hosp Date signed 4/5/43

G 02897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registration No. G 02897

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Belmont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Belmont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET A. DAVIS

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: Marion Davis
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 14, 1859

8. AGE: Years	Months	Days	If less than one day
83	10	19	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name -- Hamilton
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant: Mr. Thomas A. Davis
(b) Address: 3008 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Baltimore, Md.

19 (a) (b) Date rec'd by registrar APR 5 1943 Registrar

VS-180

MEDICAL CERTIFICATION

A

20. DATE OF DEATH April 3, 1943, at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1943, to April 3rd 1943, and that I last saw h[illegible] alive on April 2 1943.

Immediate cause of death	Duration
Myocardial Insufficiency	1 mo. 12 da.
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. W. Billups M. D.
Address 2224 W. North Ave Date signed 4/5/43

G 02898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02898 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34th AND CALVERT
(c) Hospital or institution: JOHNSTON HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 da.

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ Md. (b) County Baltimore
(c) City or town Cockeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEROY JOHN ~~LEE~~ McCLEARY, JR
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 18, 1943

8. AGE: Years	Months	Days	If less than one day
	1	46 16	hr. min.

9. Birthplace BALTIMORE CO., MARY. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name JOHN L. McCLEARY
13. Birthplace MARYLAND (Balto Co)

MOTHER
14. Maiden Name ARNELL BOSLEY
15. Birthplace MARYLAND (Balto Co)

16 (a) Informant FATHER
(b) Address SAME. Cockeysville, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Jessops
Location Sparks, Md.
18 (a) Funeral director Sandra M. Brooks
(b) Address Sparks, Md.
19 (a) APR 5 1943 (Date of filing registrar) Huntington Pettibone, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4 1943, at 7:57 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1943 to April 4 1943, and that I last saw him alive on 4-4 1943.

Immediate cause of death: pneumonia
Due to: prematurity
Due to: (over)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: pneumonia & atelectasis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Arnell Bosley
Address Union Memorial Hosp Date signed 4/4/43 M. D.

VS 188

G 02899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 02899 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Edmondson Av. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME McKaig, Richard M.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Sarah McKaig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1874

8. AGE: Years	Months	Days	If less than one day
68	10	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Night watchman
11. Industry or business

FATHER
12. Name Jesse R. McKaig
13. Birthplace Delaware.

MOTHER
14. Maiden Name Mary Elizabeth McClure
15. Birthplace Md.

16 (a) Informant Mrs. Richard M. McKaig
(b) Address 3406 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Rd.

18 (a) Funeral director Harry A. Mitzel
(b) Address 410 E Edmondson Ave.

19 (a) APR 5 1943 Registrar's Office (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943 at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14 1943 to Apr. 2 1943, and that I last saw him alive on Apr. 2 1943.

Immediate cause of death Adenocarcinoma of stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Mar. 14, 1943
Major findings of operation: Adenoma of stomach
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ella C. Sink, M. D.
Address Univ. Hosp. Date signed 4/ /43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02900 — G-002900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 W. Balto St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Leathea Ann Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband: Late David E. Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1891

8. AGE: Years 51 | Months 10 | Days 8 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER — 12. Name Scott

13. Birthplace Md

MOTHER — 14. Maiden Name Unknown

15. Birthplace Md

16 (a) Informant Willard F. Johnson

(b) Address 1301 W. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5/43 (month) (day) (year)

(c) Cemetery or crematory Druy Hill, Laurel Md

Location

18 (a) Funeral director Harry H. Kutzke

(b) Address 4101 E. Monument Ave.

19 (a) APR 5 – 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1 1943 at 6 47 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1943 to 4/1 1943, and that I last saw he alive on 3/31 1943

Immediate cause of death: Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chas. Thos. Crosby M. D.

Address St. Agns Hosp Date signed 4/1/43

VS 188

G 02901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 66B

G 02901 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 N. Caroline St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Memmel (Mary L. Memmel)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 - 1943

8. AGE: Years | Months | Days | If less than one day 21 hr. min.

9. Birthplace Mercy Hospital Baltimore Md.
(City, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Edwin L. Memmel
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lucy Durkee
15. Birthplace Baltimore Md

16 (a) Informant Agent of Mercy Hospital
(b) Address Baltimore, Md

17 (a) Burial (b) Date thereof 4/5/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director George V. Pfaff Son
(b) Address 1724 Harford Ave
(Signature of Funeral Director) (Address) Baltimore, Md.

APR 5 - 1943
(Date rec'd by Registrar)

Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943. at 10:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1943. to April 3 1943.
and that I last saw h[illegible] alive on April 2 1943.

Immediate cause of death: Hydrocephalus

Due to Circulatory Collapse

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas L. Durkee, M.D.
Address Mercy Hospital Date signed 4/5/43

G 02902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

G 02902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. & John St.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Camilla Whyte.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife Wm Pinckney Whyte Jr.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 29, 1872

8. AGE: Years	Months	Days	If less than one day
71	—	75	____ hr. ____ min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation None.
11. Industry or business —

FATHER
12. Name James B Hurst
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Alexander
15. Birthplace Virginia

16 (a) Informant Rev. Wm Buckler
(b) Address 806 Cathedral

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 6 43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director Henry W Jenkins & Son
(b) Address McCulloh & Orchard Sts.

19 (a) APR 5 1943 (Date rec'd by Registrar) Huntington Williamsport Md (Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943 at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1943 to April 4, 1943 and that I last saw her alive on April 4, 1943.

Immediate cause of death: Bronchogenic Carcinoma of lung, right. — Duration 4 mo's.
Due to
Due to
Other Conditions Arteriosclerotic heart disease; hypertension — 15 yrs.
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl S. Helliwa
Address 1404 Park Ave. Date signed 4/4/43 (M. D.)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 02903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02903 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2316 E. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Sluzewski

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife John Sluzewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Frank Sluzewski
13. Birthplace Poland

MOTHER
14. Maiden Name Emma Rayda
15. Birthplace Poland

16 (a) Informant Josephine Staszewski
(b) Address 2315 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Krzyzanowski
(b) Address 1930 Eastern Ave.

19 (a) APR 5 - 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1943, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

Immediate cause of death Chronic myocarditis — Duration

Due to

Due to

Other Conditions Chronic pleurisy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed April 4 1943

VS 6

G 02904

BALTIMORE CITY HEALTH DEPARTMENT X 94a

CERTIFICATE OF DEATH

G 02904
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St.
(c) Hospital or institution: Sinai Hosp. 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 367 Oberle Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Gutermuth (GUTERMUTH)

3 (b) If veteran, name war No
3 (c) Social Security Account No. 217-12-0811

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eleanor Gutermuth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1st 1878

8. AGE: Years	Months	Days	If less than one day
65	3	2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county and state)
10. Usual Occupation Constable
11. Industry or business Balto. Co. Employee

FATHER
12. Name George Gutermuth
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Burkes
15. Birthplace Germany

16 (a) Informant Mrs. O. F. Gutermuth
(b) Address 367 Oberle Ave. Essex

17 (a) Rural (Burial, cremation, or removal) (b) Date thereof April 7 1943 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location Baltimore, Maryland

18 (a) Funeral director Isaac Myers Funeral Home
(b) Address 7401 Belair Road

19 (a) APR 5 1943 (b) Filed (Registrar)
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3 1943, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1943 to 4/3 1943.
and that I last saw h[illegible] alive on 4/3 1943

Immediate cause of death	Duration
Heart failure	3 days
Due to Ventricular Tachycardia	3 days
Due to Coronary occlusion, atherosclerosis	3 days
Other Conditions Healed myocard. infarction (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Franz Reichman M. D.
Address Sinai Hospital Date signed 4/4/43

DR. FRANZ REICHMAN

G 02905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 94a

G 02905
Registered No.

1. PLACE OF DEATH: On auto in front of
(a) Baltimore City, Maryland
(b) Street address Ingraham Hall Apts.
(c) Hospital or institution: Park Heights Ave near Slade Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 20
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6404 Liberty Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Milton L. Greenwald

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Bonita K. Greenwald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1893

8. AGE: Years	Months	Days	If less than one day
49	4	13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Egg Salesman
11. Industry or business Egg

FATHER
12. Name Isaac Greenwald,
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Fannie Leopold,
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Bonita K. Greenwald
(b) Address 6404 Liberty Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) [illegible] Huntington Ave Baltimore, Md.

APR 5 – 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~his~~ inquiry ~~of the~~ thereon and from the evidence (Autopsy or Inquiry) obtained by said ~~his~~ inquiry ~~I~~ find that said deceased came (Autopsy or Inquiry) to ~~his~~ death on the day stated above.

Immediate cause of death coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Scarlett M.D. Medical Examiner
Date signed April 4 1943

VS 6

G 02905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 02906

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Calverton Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine P. Keehner

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife John Keehner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1871

8. AGE: Years	Months	Days	If less than one day
71	10	-	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Adam Fritz
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Engle
15. Birthplace Germany

16 (a) Informant Miss Lillian Keehner
(b) Address 2424 Calverton Heights

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Baltimore

18 (a) Funeral director A. Howard Evans
(b) Address 1402 S. Charles St

19 (a) Date received APR 5 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 3 1943, at 11 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 3 1943, to 4 3 1943, and that I last saw h[er] alive on 4 3 1943.

Immediate cause of death Lobar pneumonia of entire left lung, two days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 4/7/43

VS 1

G 02907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a G 02907

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 Hanbert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Hanbert St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Basil A. Tydings

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen M. Tydings (Nee Gehringer)

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) April 17, 1892

8. AGE: Years	Months	Days	If less than one day
50	11	14	hr. min.

9. Birthplace Baltimore, Md.
(town, county, and state)

10. Usual Occupation Deputy Collector, Office of
11. Industry or business Internal Revenue, U.S. Treasury Dept.

FATHER
12. Name Basil S. Tydings
13. Birthplace Md.

MOTHER
14. Maiden Name Mary H. Kelly
15. Birthplace England

16 (a) Informant Mrs. Helen M. Tydings (Wife)
(b) Address 1304 Hanbert St.

17 (a) Burial (b) Date thereof April 7, 1943
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Howard Evans
(b) Address 1102 Pleasant St

19 (a) MAR 5 (b) Washington Boulevard, Md.
(Date rec'd by registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1943, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1943, to 4-3 1943, and that I last saw him alive on 4-2 1943.

Immediate cause of death Coronary Thrombosis — Duration 10 Days

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature A. A. Ballard, M.D.

Address 707 E. Fort Ave. Date signed 4-3-43

G 02908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02908 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3150 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3150 Keswick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME ANNA EVELYN BLAKE

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	MARRIED

6 (b) Name of husband or wife William D. Blake
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1914

8. AGE: Years	Months	Days	If less than one day
28	6	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Frederick M. Mandley
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma E. Parrish
15. Birthplace Baltimore, Md.

16 (a) Informant William D. Blake
(b) Address 3150 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) (Date certificate received by Registrar) APR 5 - 1943 (b) Huntington for Nathaniel A. Hunter, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1943 at 11:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1937 to April 1 1943 and that I last saw h[illegible] alive on April 1 1943.

Immediate cause of death: Pulmonary Embolism — Duration 2 hrs.
Due to: Pulmonary T.B. — 6 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward H. Cook, M.D.
Address 2530 E. Baltimore Date signed 4/2/43

02909 T.N 80642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a ✓ G 02909 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Adams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov, 17, 1884

8. AGE: Years	Months	Days	If less than one day
58	4	17	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name James Adams
13. Birthplace Scotland

MOTHER
14. Maiden Name Jessie Belsir
15. Birthplace Scotland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory Gruenwald
Location Baltimore Md

18 (a) Funeral director Tillson & Son Inc
(b) Address 1214 Park Ave

19 (a) (Date rec'd by Local Reg.) APR 5 - 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4 1943, at 1:27 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29 1943, to 4/4 1943 and that I last saw h[illegible] alive on 4/4 1943.

Immediate cause of death	Duration
Cardiac de - compensation - Uraemia	3 wks
Due to HCVD + nephrosclerosis	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mathias M. D.
Address B. C. H. Date signed 4/5/43

G 02910 ✓ G 02910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ELIZABETH Malinda WALTERS

If U. S. Veteran specify WAR .....

(a) Residence: No. 41 S. Poppleton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	MARRIED

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of EUGENE WALTERS

6. DATE OF BIRTH (month, day, year) JAN. 7th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ellicott City, Md (State or country)

FATHER

13. NAME George A Lowe

14. BIRTHPLACE (city or town) Frederick, Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Georgeanna

16. BIRTHPLACE (city or town) Howard Co., Md (State or country)

17. INFORMANT Eugene Walters (Address) 41 S. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/6/ 1943

19. UNDERTAKER William Cook Jr (Address) 247 St Paul Street

20. FILED APR 5 - 1943 Thursday [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described herein, held an ~~inquest~~ (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, Autopsy or Inquiry) find that said deceased came to ~~his~~ her death at the time stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) N. L. Wollenweber M. D.

(Address) Coroner's Physician

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

G 02911

G 02911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 S. Curley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H Bachulein

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-12-1857

8. AGE: Years	Months	Days	If less than one day
85	10	22	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Wm. H. Elkins
(b) Address 2101 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4900 Bl. Belair Road

18 (a) Funeral director Howard M. Bright, Jr.
(b) Address 4914 Belair Road

19 (a) (Date rec'd by registrar) (b) Registrar

APR 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, at 6 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 22 1943 to April 3 1943, and that I last saw h[illegible] alive on April 2 1943.

Immediate cause of death: Cancer [illegible] of the prostate — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Dettmann M. D.
Address 2324 Reisterstown Rd Date signed 4/5/43

02912 HEALTH DEPARTMENT—CITY OF BALTIMORE 02912

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bellaire Ground St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME MAGGIE JOHNSON

If U. S. Veteran specify WAR .....

(a) Residence: No. 1109 Brasco St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) B.A. Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma Johnson
(Address) 1109 Brasco St

18. BURIAL, CREMATION OR REMOVAL
Place Mt Calvary Date April 5 19[illegible]

19. UNDERTAKER Elrod & Wilson
(Address) 1000 Brantley Ave

20. FILED ..... 19... [illegible] Registrar

APR 5 - 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 , 19[illegible]

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came
her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance: No

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) N. Z. Wallenmeyer M. D.

(Address) Superintendent

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in every case. See instructions on back of certificate.

V 8 0

02913

HEALTH DEPARTMENT—CITY OF BALTIMORE 02913

CERTIFICATE OF DEATH

830a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward V

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME HATTIE HAMMOND V

(a) Residence: No. 666 HAW ST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	W.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew Hammond.

6. DATE OF BIRTH (month, day, year) 10-4- 892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A. Co Md.

FATHER

13. NAME Alfred Scott.

14. BIRTHPLACE (city or town) (State or country) A.A. Co Md

MOTHER

15. MAIDEN NAME Susie Garrett

16. BIRTHPLACE (city or town) (State or country) Balto. md

17. INFORMANT Mildred Hammond
(Address) 666. Haw St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date April 5, 1943

19. UNDERTAKER Elroy O. Wilson
(Address) 1000 Brantley Av

20. [illegible] APR 5 - 1943 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st, 1943

22. I HEREBY CERTIFY, That I took charge of the [illegible] Died at [illegible] on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Z Wollenweber M. D.
(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 66

G 02914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

G 02914 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 319 E Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Janet C Stalland

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-26-1943

8. AGE: Years | Months | Days: 9 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation home

11. Industry or business

FATHER
12. Name Conrad Stalland
13. Birthplace Pound Va

MOTHER
14. Maiden Name Orlina Clay
15. Birthplace Millard Va

16 (a) Informant Mrs Conrady Stalland
(b) Address 319 E Lafayette Ave

17 (a) Burial (b) Date thereof 4-5-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cemetery
Location Washington Blvd

18 (a) Funeral director Albert L Hill
(b) Address 1606 N Chester St

19 (a) Filed [illegible] (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 19 at 2:30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 3/28 1943 to 4/4 1943 and that I last saw her alive on 4/4 1943

Immediate cause of death
Due to Cardiac failure due to emphysema & Pneumonia Left.

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
8 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. N. Mac Murchy M.D.
Address 1609 E. Chase St M. D.
Date signed 4/5/43

VS 8

G 02915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 02915
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 W. 33rd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Minnie Price Bryan

3 (b) If veteran, name war	3 (c) Social Security Account No.
– W	– FIRE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
75 ?	?	?	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Home Keeper
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Home Records.
(b) Address Union Mem Hosp 4/6/43

17 (a) Funeral (Burial, cremation, removal) (b) Date thereof 4/6/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Centre & Ely
18 (a) Funeral director Wilson Cole
(b) Address 1219 Eutaw St

APR 5 – 1943
(Date rec'd by registrar)
Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1943, to April 4 1943, and that I last saw her alive on April 4 1943.

Immediate cause of death
C-R Fistula — Duration 9 days.
Due to Uterine sclerotic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
(Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature James Douglas Lockard M.D.
Address Union Memorial Hosp Date signed 4/6/43.

G 02916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 109

G 02916 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd Calvert St.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days

(e) Length of stay in Baltimore (yrs., mos., or days) 2days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6403 Eastern Ave., City (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME Baby Boy Foehrkolb

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-3-43

8. AGE: Years	Months	Days	If less than one day
		1	0 hr. 38 min.

9. Birthplace Baltimore, Balt., Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Mr. Raymond M. Foehrkolb.

13. Birthplace Maryland

MOTHER 14. Maiden Name Catherine Schmidt

15. Birthplace Maryland

16 (a) Informant (Mother)

(b) Address 6403 Eastern Ave., City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/m 5/d 43/yr (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern ave Ext.

18 (a) Funeral director Lilly & Zeiler Inc.

(b) Address 403 S. Wolfe Street

(c) (Date rec'd by registrar) (b) Huntington Hilliard Registrar

APR 5 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 4 1943, at 11 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 3 1943, to 4 - 4 1943, and that I last saw h[illegible] alive on 4 - 4 1943.

Immediate cause of death Cardio. Respiratory Failure — Duration

Due to Secondary to undetermined etiology — 24hrs?

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: General consolidation of lungs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature James N. McCook Jr. M.D.

Address Union Memorial Hosp. Date signed 4-5-43

G 02917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 02917 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1519 Bush St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Betty May Hardy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 19, 1943

8. AGE: Years	Months	Days	If less than one day
		16 days	hr. min.

9. Birthplace Franklin Sq. Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James William Hardy
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mildred Bonita Lagenour
15. Birthplace Indianapolis, Indiana

16 (a) Informant Mrs James Hardy
(b) Address 1519 Bush Street, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location A.A. Co., Md.

18 (a) Funeral director J. Dorsey Kaufman
(b) Address 2301 Edmondson Ave

19 (a) APR 5 1943 for Registrar

AUG 130

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943 at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 19, 1943 to April 4, 1943. and that I last saw her alive on April 4, 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D. M. D.
Address Franklin Square Hospital Date signed 4/6/43

G 02918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02918 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bethlehem Shipyards
(c) Hospital or institution: Key Highway

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5823 Ethelbert Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Gorman

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 213 - 12 - 4492

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Ruth B. Gorman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 7, 1899

8. AGE: Years	Months	Days	If less than one day
44	1	26	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Electrician
11. Industry or business: Bethlehem Ship Yards

FATHER
12. Name: John Gorman
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mary Glover
15. Birthplace: Balto., Md.

16 (a) Informant: Mrs. Ruth B. Gorman
(b) Address: 5823 Ethelbert Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/43 (month) (day) (year)
(c) Cemetery or crematory: Balto. Nat'l. Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date received by Registrar) APR 5 1943 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, at 12 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert Lee Eastman M.D.
Medical Examiner
Date signed April 7 1943

Correct age is extremely important. Physicians: please write the causes of death clearly

G 02919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 02919 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Peter Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen McTierrich
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St. Balty Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Cathedral St

19 (a) Date received by reg. APR 5 1943 Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1943. to April 2 1943. and that I last saw her alive on April 1 1943.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed 4/3/43

G 02920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G 02920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 N Carolines
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 N Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella M Sheets

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Jesse T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1861

8. AGE: Years	Months	Days	If less than one day
82	2	12	hr. min.

9. Birthplace Norfolk Va
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary E. Sheets
(b) Address 1824 N. Carolines St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Hampton Va

18 (a) Funeral director Leonard F Pugh
(b) Address 6505 Harford Rd

19 (a) (Date rec'd by registrar) APR 5 - 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 7 1943 to April 4 1943 and that I last saw h[illegible] alive on April 3 1943

Immediate cause of death

	Duration
Due to Carcinoma of Liver	—
Due to	1 yr
Other Conditions Melanosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H L Gibby

Address Cor N Rod Rd Date signed 4/5/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1242

Registered No. G 102921

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 W. Lafayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Tobias James

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-0943

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Lucy James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-10-1886

8. AGE: Years	Months	Days	If less than one day
56	4	20	hr. min.

9. Birthplace Wilmington - N.C.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lucy James
(b) Address Baltimore Md

17 (a) Burial (b) Date thereof April 5-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Wm Katzk. Williams
(b) Address 322 N. Schroeder St

19 (a) APR 5 - 1948
(Date received by Registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1948, at 9:25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Ruptured esophageal Varix	
Due to Cirrhosis of Liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 23 1948

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 02922 Registered No.

G 02922

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be checked carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 N.Castle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 N.Castle St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William A.Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-5511

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife M Ida M.Peters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1888

8. AGE: Years	Months	Days	If less than one day
54	8	23	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business Bond Bakery

FATHER
12. Name Albert Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Brawn
15. Birthplace Baltimore Md.

16 (a) Informant Ida M.Miller
(b) Address 1814 N.Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.

19 (a) Date received by registrar 4/5/43 (b) Registered by Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 42 to 19 43 and that I last saw him alive on 3/30/43

Immediate cause of death

Carcinoma Rt Ute
complicated Watery
Due to fever
Due to Generalized
Other Conditions Metastases
(Include pregnancy within 3 months of death)

Date of operation 6 mos ago

Major findings of operation:

of autopsy:

Duration 17

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.

Address 20 W.Mulberry St M. D.

Filed

02923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 93D

G 02923
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 845 Boyd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE PERKINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 5 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) APR 5 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

T 9963

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1943 at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intermuscular endothoracic	
Due to hiatus	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollammerber M.D.
Medical Examiner.
Signed 3-16-43

02924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered Number 02924

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) [redacted] (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Pine Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Knight

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1943

8. AGE: Years [redacted] Months 7 6 Days If less than one day hr. 19 4.2 min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 5 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) APR 5 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25- 1943, at 8:00 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fibrous Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Haslett M.D.
Medical Examiner.
Date signed 3-25-43

VS 6

02925

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 02925

CERTIFICATE OF DEATH 114E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-6-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 624 W. Franklin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick S. Carter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-14-1943

8. AGE: Years | Months | Days: 10 | If less than one day: hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 5 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 5 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24- 1943, at 11:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained by said Inspection + Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Upper Respiratory Infection — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 3-25-43

VS 4

9966

G 02926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 02926
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4912 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie M. Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife William Evans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23 1866

8. AGE: Years	Months	Days	If less than one day
77	-	12	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Lawrence Heiger
13. Birthplace Germany

MOTHER
14. Maiden Name Washington
15. Birthplace

16 (a) Informant Frederick R. Enright
(b) Address 6919 Belair Road

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr 6 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto. Md.

18 (a) Funeral director John C. Kelly Inc.
(b) Address 2421 E. Oliver St.

19 (a) (Date received by registrar) (b) APR 5 1943 Arlington, Baltimore Co., Md.

VS 2M

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1942 to April 4 1943, and that I last saw h FR alive on April 3 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Generalized Arteriosclerosis — Duration unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Dannegan
Address 4808 Harford Rd Date signed 4/3/43

G 02927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316

✓ G 02927 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 N. Forest Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltr. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 N. Forest Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna A. Moylan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Joseph A. Moylan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1872

8. AGE: Years	Months	Days	If less than one day
71 7d	7	16 17	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Michael A O'Keefe
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Donovan
15. Birthplace Ireland

16 (a) Informant Mary V. Moylan
(b) Address 1801 N. Forrest Park Ave

17 (a) Burial (b) Date thereof 4/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltr. City

18 (a) Funeral director E. Vernon Lemmon
(b) Address 4611 Park Heights

19 (a) APR 5 - 1943 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1943, at M

21. I certify that death occurred on the date above stated: that I attended deceased from 1/20 1943 to 4/1st 1943, and that I last saw h[illegible] alive on 4/1st 1943.

Immediate cause of death: Fatty Degeneration of Heart muscles
Due to: Chronic Nephritis
Due to:
Other Conditions:

Duration: 4 years

(Include pregnancy within 3 months of death)
Date of operation X
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X at M
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work?
(Specify type of place)
(e) Means of injury X

23. Signature A O'Keefe M.D.
Address 3901 Yorkwood (Owner) Date signed 4/6/43

VS 3

G 02928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 02928 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MA. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Hesse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Clement Hesse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1883

8. AGE: Years	Months	Days	If less than one day
59	9	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home.

FATHER
12. Name August Stiff
13. Birthplace Germany.

MOTHER
14. Maiden Name Minnie Hennegan
15. Birthplace Md.

16 (a) Informant Mrs Boyd L. Owings.
(b) Address 1409 E. North Ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave

19 (a) APR 5 — 19 (Date received by registrar) Huntington Pittman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 43 to April 2 19 43
and that I last saw h alive on 19

Immediate cause of death: Acute right Cardiac Dilatation
Due to: C pulmonary Oedema
Due to:
Other Conditions: Angina Myocarditis
(Include pregnancy within 3 months of death)

Duration
1 hour
2 mos.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Miller M D M. D.
Address 1225 N Charles St Date signed 4/3/43.

VS 8

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 02929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 02929 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. See correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 S Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 40y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 S Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse M Ecker

3 (b) If veteran, name war

Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 27 1878

8. AGE: Years	Months	Days	If less than one day
64	11	7	hr. min.

9. Birthplace Int Avery Md (Town, county, and state)
10. Usual Occupation Engineer B & O.
11. Industry or business

FATHER
12. Name Daniel Ecker
13. Birthplace Md

MOTHER
14. Maiden Name Tibetha Plane
15. Birthplace Md

16 (a) Informant Charles R. Ecker
(b) Address 2831 Mandlin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3901 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) APR 5 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1941, to Apr 4 1943, and that I last saw h alive on Apr 3 1943

Immediate cause of death	Duration
Cerebral Hemmorrhage	1 week
Due to Hypertension	
Due to Diabetes Mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Trauchey M.D.
Address 1744 W Lee Date signed 4/5/43

G 02930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 02930

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1011 W. Cross St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1011 W Cross St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mattie E. Hammond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Widowed

6 (b) Name of husband or wife John N. Hammond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1858

8. AGE: Years	Months	Days	If less than one day
85	3	4	hr. min.

9. Birthplace Richmond Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name Homer A. Reynolds

13. Birthplace Va

MOTHER 14. Maiden Name Saluda F.

15. Birthplace Va

16 (a) Informant Lawrence Hammond

(b) Address 1011 W. Cross St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-7-43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem

Location Balto. Md.

18 (a) Funeral director John E. Milby Exr

(b) Address 2435 E Oliver St

19 (a) Date received by registrar (b) Registrar Washington Williams, M.D.

APR 5 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1943, to 4-5-1943, and that I last saw h alive on 4-5 1943.

Immediate cause of death: Acute Heart Failure — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Lorenzo Glass M. D.

Address 876 Walbrook Ave Date signed 4-5-43

G 02931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 02931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5206 Wright Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-4

(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5206 Wright Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Jesse B. Champion

3 (b) If veteran, name war 1st World War

3 (c) Social Security Account No. 236-14-2085

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Connie Mae Champion

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1897

8. AGE: Years	Months	Days	If less than one day
45 45	7	27 26	hr. min.

9. Birthplace Franklin County N. C. (Town, county, and state)

10. Usual Occupation Draftsman New York

11. Industry or business Ship Bldg Co New Jersey

FATHER
12. Name Jesse C. Champion
13. Birthplace Franklin Co. N.C.

MOTHER
14. Maiden Name Sallie Murray
15. Birthplace Franklin Co Md

16 (a) Informant Connie Mae Champion
(b) Address 5206 Wright Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1943 (month) (day) (year)

(c) Cemetery or crematory Maple Spgs. Cemetery
Location Henderson North Carolina

18 (a) Funeral director Albert T. Hill
(b) Address 1616 N. Chester St.

APR 6 1943 Huntington Williams Registrar
(Date last day registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1943 to 4/3 1943 and that I last saw [illegible] alive on 4/1 1943

Immediate cause of death

Due to Coronary thrombosis arteriosclerosis.

Due to

Other Conditions none.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury

23. Signature J. N. MacMurchy M. D.
Address 1079 E. Chase St. Date signed 4/4/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 02932
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3003 Shannon Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Shannon Drive (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUSTA CATHERINE FINN

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife: Patrick F. Finn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 2, 1859

8. AGE: Years	Months	Days	If less than one day
83	4	—	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Julius Pellidot
13. Birthplace: France

MOTHER
14. Maiden Name: Elizabeth Dresesell
15. Birthplace: Germany

16 (a) Informant: Mrs. Madeline Finn Bragg
(b) Address: 2304 Allendale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (month) (day) (year)
(c) Cemetery or crematory: Trinity Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: H. Sander & Sons
(b) Address: North Ave. & Broadway

19 (a) APR 6 - 1943 (Date rec'd by registrar) (b) Huntington for Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943 to April 3 1943, and that I last saw her alive on April 1 1943.

Immediate cause of death: Cerebral Hemmorhage — Duration
Due to: Arterio Sclerosis
Due to: Hypertension
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Walter A Anderson M.D.
Address: 3003 Shannon Drive Date signed: 4/3/43

VS 180

G 02988 80216 JL BALTIMORE CITY HEALTH DEPARTMENT G 02938
CERTIFICATE OF DEATH 44 a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Camel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jessie B McQueen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1919

8. AGE: Years	Months	Days	If less than one day
23	5	28 27	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Willie McQueen
13. Birthplace N.C.

MOTHER 14. Maiden Name Lula McLean
15. Birthplace N.C.

16 (a) Informant Balto. City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Apr 7 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director A Hahn & Son
(b) Address 9 E Biddle St

19 (a) (Date rec'd by registrar) (b) Registrar

APR 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3-1943 at 4 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7-1943 to 4-3-1943, and that I last saw her alive on 4-3-1943.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Pyelonephritis — 1 mo

Due to Intestinal obstruct due to Symphysiotomy — 1 yr

Other Conditions Pertinent

(Include pregnancy within 3 months of death)

Date of operation 3-23-43

Major findings of operation Intestinal obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schwartz M. D.
Address Baltimore City Hosp Date signed 4-7-43

VS 150

G 02934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 02934

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 N. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HAROLD HOUCK

3 (b) If veteran, name war

3 (c) Social Security Account No. 084-16-7828

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April-30-1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	11	6		

9. Birthplace [redacted] Oswego N.Y. (Town, county, and State)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name John Houck
13. Birthplace Oswego

MOTHER 14. Maiden Name Addie S. Hackstaw
15. Birthplace England

16 (a) Informant Stewart & Mowen Co
(b) Address 108 W. North ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-43 (month) (day) (year)
(c) Cemetery or crematory Rural Cemetery
Location Oswego, N. York

18 (a) Funeral director Stewart & Mowen Co
(b) Address 108 W. North ave.

19 (a) APR 6 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy or inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 4-5-43

VS 6

Correct age in capitals important. Physician: please write the cause of death clearly and fully.

G 02935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02935 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNIE WINSTEAD

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: Edward P.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1864

8. AGE: Years	Months	Days	If less than one day
78	11	2	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jack Walsh
13. Birthplace England

MOTHER
14. Maiden Name Mary Collins
15. Birthplace England

16 (a) Informant Mrs. Millard Summers
(b) Address 1905 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) for Williams, M.D. Registrar
APR 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1- 1943, to Apr. 5- 1943, and that I last saw him alive on Apr 5 - 1943

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: arteriosclerosis
Due to: advanced age
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Bacon M. D.
Address 1700 Eutaw Pl. Date signed Apr. 5-1943

G 02936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02936 Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3909 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3909 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY SIMON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	214 - 18 - 9263	male	white	widower

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1874

8. AGE: Years	Months	Days	If less than one day
69	0	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation salesman
11. Industry or business Keelty Realty Co.

FATHER
12. Name August Simon
13. Birthplace --

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Irvin Goddard
(b) Address 3909 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 8 1943 Victor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1943, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 (1943) to April 3 (1943); and that I last saw him alive on April 2 (1943).

Immediate cause of death

Due to Pulmonary Cardiac Vascular Disease — Duration 7 days

Due to

Other Conditions Cardiac Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred Thurgate
Victor Williams, M.D.
Date signed

G 02937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 02937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Walbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Walbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVA ELIZABETH SPIES

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: George C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr. 5, 1858

8. AGE: Years: 84 Months: 11 Days: 29 If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: --

11. Industry or business

FATHER
12. Name: John Kaiser
13. Birthplace: unknown

MOTHER
14. Maiden Name: Barbara Eberlien
15. Birthplace: Austria

16 (a) Informant: Mr. Alexander B Spies
(b) Address: 3013 Arunah Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine LORRAINE CEM.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 4, 19 43 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 19 43 to April 4 19 43, and that I last saw her alive on April 4 19 43.

Immediate cause of death: Generalized Arteriosclerosis — Duration: 5 years

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leon Adelman, M. D.

Address 120 Poplar Ave. Date signed 9-5-43

Registered - 1943
Kingston Williams

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B Registered No. 02933

02933

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town 1353 Gorsuch Ave., Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1353 Gorsuch Ave., Baltimore
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME WINFIELD SCOTT DELLONE

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1890

8. AGE: Years	Months	Days	If less than one day
52	8	6	- hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business -

FATHER
12. Name Augustus F. Dellone
13. Birthplace York Co., Pa.

MOTHER
14. Maiden Name Agnes Devine
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat'l.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Signature of registrar) (b) Registrar

VS 160

MEDICAL CERTIFICATION P.

20. DATE OF DEATH April 3, 1943 at 7:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb.22, 1943 to April 3, 1943, and that I last saw him alive on Apr. 3, 1943.

Immediate cause of death	Duration
Cardiac dilatation & hypertrophy with mitral valvular heart disease;	Unk.
Occulsion lt. coronary arteries	
Due to arteriosclerosis	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury -

23. Signature W. S. Bl[illegible]
U.S.Marine Hosp. M. D.
Address Baltimore, Md. Date signed 4/5/43

Hastings for Williams M.D.

No.12770

G 02939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 02939

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Also correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~Frederick Huffman~~ or 65944 Frederick Urback

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7. 1873

8. AGE: Years	Months	Days	If less than one day
69	8	26	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frederick
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Germany

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Wm H Gemmell & Sons
(b) Address 2005-8 Pulaski St

19 (a) (b) (Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943 at 9:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4 1943, to April 3 1943, and that I last saw h im alive on April 3 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 1 yr?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A S Hart
Address Balto City Hosp Date signed 4/3/43

VS 150

JL -79827 G 02940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 02940 Registered No. 124 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution Baltimore City Hospitals.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. Front St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Ott

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-8054

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1904

8. AGE: Years	Months	Days	If less than one day
38	3	4	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Globe Brewery
11. Industry or business

FATHER
12. Name William Ott
13. Birthplace Pa.

MOTHER
14. Maiden Name Margaret McGee
15. Birthplace Pa.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 4-7-43 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Philadelphia Pa.

18 (a) Funeral director James J. McCauley
(b) Address 324 E. Fort Ave.

19 (a) (b) Date rec'd by registrar APR 6 - 1943 Registrar Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4-43 19 , at 11 32 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14-43 19 , to 4-4-43 19 , and that I last saw him alive on 4-4 19 43

Immediate cause of death
Empyema
Cirrhosis of Liver

Duration: 1 mo.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M.D.
Address B. C. H. Date signed 4-5-43

G 02941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02941 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 103 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 St. Matthews St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Moseley 78698

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1924

8. AGE: Years	Months	Days	If less than one day
18	6	9	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Wm. Moseley
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Randolph
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Charlottesville, Va

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley ave

19 (a) (Date received by registrar) (b) Burlington, N.C.

APR 6 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, 11:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1942, to Apr. 3 1943, and that I last saw h im alive on Apr. 3 1943

Immediate cause of death — Duration

Pulmonary tuberculosis — 6 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Hart M.D.
Address Bal to City Hosp Date signed 4/6/43

G 02942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

8451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. Northway Apts. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Charles T. Bagby, Sr.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Ann English

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1860

8. AGE: Years 83 | Months - | Days 24 | If less than one day 3 hr. 55 min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation lawyer

11. Industry or business

FATHER 12. Name Alfred Bagby

13. Birthplace

MOTHER 14. Maiden Name Sarah Anna Pollard

15. Birthplace

16 (a) Informant hospital record

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick ave

18 (a) Funeral director John Oneschuck Sons

(b) Address 1900 Eutaw Place

19 (a) APR 6 1943 Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943 at 3:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31 1943 to April 6 1943, and that I last saw him alive on April 6 1943.

Immediate cause of death Acute Coronary Occlusion

Due to Arteriosclerotic heart disease.

Due to

Other Conditions Hypertensive encephalitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M. Hassett M.D.

Address Union Memorial Hosp. Date signed 4/6/43

VS 150

432078
G 02943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 115D

G 02943
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10D.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 PARK Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cecilia G. Donoho
3 (b) If veteran, name war V
3 (c) Social Security Account No. V
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Thomas H. Donoho.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-24-65
8. AGE: Years 77 | Months 7 | Days 11 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business
FATHER 12. Name John Sheppard
13. Birthplace Ithueling N.S.
MOTHER 14. Maiden Name Cecelia Pickett
15. Birthplace Canada
16 (a) Informant Records
(b) Address [redacted]
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7/43 (Month) (day) (year)
(c) Cemetery or crematory Druid Ridge Location Pikesville Balto Co.
18 (a) Funeral director John O'Neill Sons
(b) Address 1900 Eutaw Place
19 (a) Date rec'd by Registrar APR 6 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943. at 5 10 A M
21. I certify that death occurred on the date above stated; that I attended deceased from MAR 26 1943. to APR 5 1943. and that I last saw her alive on APR 5 1943.

	Duration
Immediate cause of death Heart failure	
Due to Inability to react infection at pt's. advanced age.	
Due to Hypostatic pneumonia	
Other Conditions Paralysis - cellulitis	

(Include pregnancy within 3 months of death)
Date of operation 3/25/43
Major findings of operation: Incision & drainage of parotid.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Vernon B. Mountcastle M. D.
Address John Hopkin Hospital Date signed 4-8-43

1561

VS 150

Huntington Williams, M.D.

431 6202944 BALTIMORE CITY HEALTH DEPARTMENT G 02944 Registered No.

CERTIFICATE OF DEATH 55E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Mt. Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. Green Springs & Smith Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles C Peacock

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-6005

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 6-2-[illegible]

8. AGE: Years	Months	Days	If less than one day
45	10	3	hr. min.

9. Birthplace Ga.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Charles Peacock
13. Birthplace Ga.

MOTHER
14. Maiden Name Willia Thurmond
15. Birthplace Ga.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4/7/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Son, Inc.
(b) Address 9 East Eutaw Street

19 APR 6 – 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943 at 7:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 6 1943 to APR 5 1943 and that I last saw him alive on APR 5 1943

Immediate cause of death Uremia — Duration 4 mo.

Due to Malignant tumor origin undetermined — Duration one month

Due to ad present, involving bladder, prostate & S. rectal — Duration 4 mo.

Other Conditions Infection of genito-urinary tract, multiple

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H Hermans
Address Johns Hopkins Hospital Date signed 4/5/43

VS 180

G 02945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 163H

G 02945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3912 Woodley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3912 Woodley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMMA LOUISE SPRENGLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Louis B. Sprengle
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 6 1865

8. AGE: Years	Months	Days	If less than one day
77	4	28	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business

FATHER 12. Name Thomas H. Mules
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Eliz. M. Jenkins
15. Birthplace Balto Md.

16 (a) Informant Roland J. Quick
(b) Address 3912 Woodley Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr 7 / 43 (month) (day) (year)
(c) ~~Cemetery~~ crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director John J. Mitchell Sons
(b) Address 910 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 70 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 4, 1943 at P. M
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury gas from kitchen stove

23. Signature H. J. Wollenweber M.D.
Acting Medical Examiner.
Date signed 4-5-43

Correct age is especially important. Physicians: please write the cause of death clearly and fully.

VS 6

G 02946

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 02946

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2610 Huntingdon Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2610 Huntingdon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Arnold

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widow.

6 (b) Name of husband or wife George W. Arnold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1862

8. AGE: Years	Months	Days	If less than one day
81	1	27	hr. min.

9. Birthplace Maryland.
(town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Olivia
13. Birthplace Md.

MOTHER
14. Maiden Name ? Cox.
15. Birthplace Md.

16 (a) Informant Mrs. Ada O. Legg.
(b) Address 2610 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615-17 Eastern Ave.

19 APR 6 — 1943 (Date rec'd by registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1943, at 5th P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943, to April 4 1943, and that I last saw h[illegible] alive on April 4 1943.

Immediate cause of death

	Duration
Rt. Cerebral Thrombosis	3 days
Due to Cardio-Renal-Vascular Disease	
Due to Myocardial Insufficiency	2 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. N. Wilgus
Address 617 W. 40th Date signed 4/6/43 D.

VS 180

G 02947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

G 02947 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 9 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLARA M. Bush

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James H. Bush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14 1868

8. AGE: Years	Months	Days	If less than one day
74	4	21	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Charles Williams
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Matilda Kramer
15. Birthplace Baltimore Md

16 (a) Informant Grace Kuhl
(b) Address 1609 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7-1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Roth & B. M. Walter
(b) Address Park & Stricker Sts

19 (a) APR 6 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1943, at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to April 4 1943 and that I last saw h-er alive on April 3 1943.

Immediate cause of death carcinoma of oesophagus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration between

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen

Address 206 S. Eden St. Date signed 4-5-43 M. D.

G 02948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02948 Registered No. 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1838 N. Dunbar Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Frank Mahen

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine E. Egan
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) July 5, 1869

8. AGE: Years	Months	Days	If less than one day
73	9	—	— hr. — min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Retired Special Police
11. Industry or business

FATHER
12. Name Martin Mahen
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Behre
15. Birthplace Ireland

16 (a) Informant Catherine E. Mahen
(b) Address 1838 N. Dunbar Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Balto. Md.

18 (a) Funeral director George J. Toth Mem.
(b) Address 1732 Hanford Ave. Huntington Park, Md.

19 (a) APR 6 — 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5- 1943, at 9:05 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Intracranial Hemorrhage
Due to: Traumatic

Due to

Other Conditions Arteriosclerotic Cardiovascular Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-9-43 at A.M.
(c) Where did injury occur? St. Paul Street - Carolina Hotel
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes Outside
(Specify type of place)
(e) Means of injury Fell down church steps,
23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-6-43

VS 4

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 02949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d

G 02949 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Foy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Oct 11 1897

8. AGE: Years 45 | Months 5 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Adams
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Florence Shorts
15. Birthplace Baltimore Md.

16 (a) Informant Lucille Smith
(b) Address 2109 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Frederick Road

18 (a) Funeral director Mrs. R. A. Elliott & Sons
(b) Address 1129 N. Caroline St.

APR 6 – 1943
(Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 4 1943, at 10:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1- 2 1937, to 4- 4- 1943, and that I last saw h[illegible] alive on 4- 4 1943.

Immediate cause of death: Cardiac failure.

Due to: Hypertension with dilatation.

Due to: Pulmonary congestion

Other Conditions: Fever

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis T. Hammon M. D.
Address 2740 Madison Ave, Date signed 4-6-43

C 42950 4458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 32B

Registered C 42950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 N. Wolfe (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Shirley Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-3-42

8. AGE: Years	Months	Days	If less than one day
	4	2	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Enoch Johnson
13. Birthplace VA

MOTHER 14. Maiden Name Adgie Jackson
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott + Dyf
(b) Address 1129 N. Caroline St. Huntingtown Williamsport, Md.

APR 6 1943 (Date received by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 5 - 1943 at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1943 to Apr 5 1943, and that I last saw h. alive on Apr 5 1943.

Immediate cause of death Meningitis — Duration 6 days

Due to H. influenzae

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrium D. Jaggis M. D.
Address Johns Hopkins Hospital Date signed 4/5/43

G 02951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 02951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Harvieu a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Harvieu a (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife alex Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 - 1859

8. AGE: Years	Months	Days	If less than one day
83	4	5	hr. min.

9. Birthplace Pittsburgh Pa (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Marion K. Good
(b) Address 2914 Harvieu ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-43 (month) (day) (year)

(c) Cemetery or crematory Pittsburgh Pa
Location " "

18 (a) Funeral director Leonard Myers
(b) Address 2215 Harford Rd

19 APR 6 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943, at 1700 M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1 1942, to April 6 1943, and that I last saw h alive on April 6 1943.

Immediate cause of death Acute Congestive Heart failure

Due to

Due to

Other Conditions Chronic Obstructive Nephritis. Hemiplegia - Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Good M. D.
Address 2223 Harford Rd Date signed

VS 180

02952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158 Registered No. 02952

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John's Hopkin's Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits write RURAL and give town)
(d) Street No. 3 N. Decker Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Hay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1942

8. AGE: Years	Months	Days	If less than one day
	3	8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Hay
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Eileen McFaul
15. Birthplace Balto. Md.

16 (a) Informant Charles Hay
(b) Address 3 N. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co.
Location North Ave + Gay St.

18 (a) Funeral director John A. Wilkes
(b) Address 1334 Jefferson St. Baltimore, Md.

19 (a) APR 6 1943 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943, at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1943 to April 2 1943 and that I last saw h[illegible] alive on April 2 1943.

Immediate cause of death (a) Septicemia
Due to (b) Acute Respiratory Infection
Due to Malnutrition
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Duration
(a) 4 hours
(b) 1 day
2 mos.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2443 E. Monument St. Date signed

VS 2

Work #1687

G 02953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02953 Registered No. 832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 652 W. Lee St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 W. Lee St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Fannie King (Fannie Jones) (Fannie Glenn)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife Richard King
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 29, 1892

8. AGE: Years	Months	Days	If less than one day
50	10	5	hr. min.

9. Birthplace Danville Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Leon Glenn
13. Birthplace So. Boston Va

MOTHER
14. Maiden Name Dina Jones
15. Birthplace So. Boston Va.

16 (a) Informant Rosa Valentine
(b) Address R/O W. Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April (month) 1943 (year)
(c) Cemetery or crematory W. Calvary Cem
Location

18 (a) Funeral director Mrs. Katie B. Williams
(b) Address 322 N. Schroeder St
(c) Huntington Williams M.D. (Registrar) Registrar

APR 6 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 4 1943 at 2.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 19 1943 to Apr 4 1943 and that I last saw he alive on Apr 3 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 16 days
Due to: Unknown
Due to:
Other Conditions: None
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W. Squires M.D.
Address 665 W. Baltimore Date signed 4/5/43

correct age is especially important. Physicians: Please write the cause of death clearly and legibly

G 02954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 471

G 02954 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 N. Bruce St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 N. Bruce St (If rural, give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Carrie E. Watson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Herbert Watson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1909

8. AGE: Years 33 | Months 09 | Days 20 | If less than one day hr. min.

9. Birthplace Carroll Co Md (Town, county, and State)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Charles Poole

13. Birthplace N. C.

MOTHER 14. Maiden Name Sarah Fields

15. Birthplace N. C.

16 (a) Informant Herbert Watson

(b) Address 23 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem.

Location —

18 (a) Funeral director Mrs Katie E. Williams

(b) Address 322 W. Schroeder St

19 (a) — (b) — (Date rec'd by registrar) — E. Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943 at 9.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942 to April 3 1943 and that I last saw h[er] alive on Mar 19 1943

Immediate cause of death Carcinoma of Lung. — Duration 7

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature J. Douglas Sheppard

Address 1621 W. Franklin St Date signed 3/5/43

PRINT WRITE FIRMLY, WITH OPAQUE INK. Entries must be complete. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

APR 6 1943

G 02955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 02955
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Justini

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1838

8. AGE: Years	Months	Days	If less than one day
104	11	20	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Russia

MOTHER
14. Maiden Name Johanna Trentini
15. Birthplace Russia

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (b) Date thereof Apr. 8. 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Calvadale
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 APR 6 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 5.34 p. m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 - 1943, to April 4 - 1943, and that I last saw him alive on April 3 - 1943.

Immediate cause of death

Edema Lungs — Duration: 2 days

Due to: Chronic Myocarditis — Duration: 8 yrs

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B Gill Hall M. D.
Address 1831 North Ave Date signed 4/6/43

VS 150

G 02956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 02956

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
Admitted 3/30/43
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Odenton
(If outside city or town limits, write RURAL and give town)
(d) Street No. -
(If rural give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3 (a) FULL NAME SANFORD BENNETT WEEKS

3 (b) If veteran, name war	3 (c) Social Security Account No.
Sp.Am.War	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Theresa ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1870

8. AGE: Years	Months	Days	If less than one day
72	10	1	hr. min.

9. Birthplace Elizabeth, N. J.
(Town, county, and state)
10. Usual Occupation Carpentry & odd jobs
11. Industry or business "

FATHER
12. Name Eugene Weeks
13. Birthplace New York City

MOTHER
14. Maiden Name Ellen Bennett
15. Birthplace New York City

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8 1943 (month) (day) (year)
(c) Cemetery or crematory Nichols Memorial
Location Odenton Md

18 (a) Funeral director Mary M. Thurnecock
(b) Address 4204 Ridgewood Ave

19 (a) (Date received by registrar) APR 6 1943 (b) Signature of registrar Hunting to Williams M.D.

VS 180

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH April 5, 1943, 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 30, 1943, to Apr. 5, 1943, and that I last saw him alive on Apr. 5, 1943

Immediate cause of death Myocardial infarction — Duration Unk.

Due to Arteriosclerosis — Unk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Bean M.D.
Address Baltimore, Md. Date signed 4/6/43

No. VA 12945

G 02957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. G 02957

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie Handy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 2 1894

8. AGE: Years	Months	Days	If less than one day
49	-	21	____ hr. ____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Henry Handy
13. Birthplace Va.

MOTHER
14. Maiden Name Fanny Diggins
15. Birthplace Va.

16 (a) Informant Lillian Powell friend
(b) Address 1118 E. Pratt St

17 (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory _____
Location JOHN HOPKINS MEDICAL SCHOOL APR 6 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 6 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23/43 19 ... at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1943 to 3/23 1943, and that I last saw h[illegible] alive on 3/23 1943

Immediate cause of death Adams Stokes attack — Duration -

Due to _____

Due to _____

Other Conditions Acute chloecystitis & cholelithiasis — 5 days

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy Cholecystitis & cholelithiasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature John C. Acton M.D.
Address Mercy Hospital Date signed 3/24/43
M. D.

VS 150

1 9970

02958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6 02958

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution Mercy Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED: ?
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street address Pimlico Race Track (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM J. DENMAN
3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced ?
6 (b) Name of husband or wife ?
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? 1877
8. AGE: Years 66? Months Days If less than one day hr. min.
9. Birthplace Connecticut (Town, county, and state)
10. Usual Occupation Groom
11. Industry or business at Racetrack

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Jos Syrio
(b) Address 4820 Park Heights Avenue
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 6 1943
18 (a) Funeral director Commissioner of Health's
(b) Address
19 (a) APR 6 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3/43 19 at 6.15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1943 to April 3, 1943. and that I last saw h 19 alive on April 3, 1943.

	Duration
Immediate cause of death Cardio Respiratory Failure	
Due to Cerebro vascular Accident	7 days
Due to Hypertension	?
Other Conditions Uremia	6 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John R Davis, Jr.
Address Mercy Hospital Date signed 4/3/43

VS 180

9969

02959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 02959 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home + Hospital 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Whole life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 S. Belnord Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Leonard

3 (b) If veteran, name war No. 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife None.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/2/43.

8. AGE: Years	Months	Days	If less than one day
			24 hr. min.

9. Birthplace Church Home Hospital, Balto.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name William Thomas Leonard
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Flora Margaret Mountain
15. Birthplace Baltimore Md

16 (a) Informant Mother
(b) Address 605 Belnord Ave Balto

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL APR 6 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) APR 6 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3/ 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2/ 1943, to 4/3/ 1943, and that I last saw h.e alive on 4/3/ 1943.

Immediate cause of death Pulmonary Atelectasis 24 hrs.
Due to
Due to
Other Conditions Congenital Atelectasis 24 hrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. David Barlow M.D.
Address Church Home + Hospital Date signed 4/7/43

VS 3

1971

G 02960

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

Registered No. G 02960

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 Wheatcroft St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL APR 6 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) APR 6 1943 (Date rec'd by registrar) Registrar 1992

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1943, at 8:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (or inquiry) thereon and from the evidence obtained by said autopsy (or inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Preston M.D.
Medical Examiner.

Signed March 27 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a Registered No. G 02961

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Bruce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY DAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name Bernice Day

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL APR 6 1943
John Hopkins Medical School Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) APR 6 1943 Huntingtown Williams, Md.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1943, at 10 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Atelectasis, bilateral lungs — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.

Date signed 3-30-43

9973

02962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 02962
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 E. Pennsylvania (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS MORGAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	7		hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 6 1943

18 (a) Funeral director Commissioner of Health
(b) Address Huntingtor Williams, M.D.

19 APR 6 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 19 43 at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Pneumonia, lobar
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Dictated 3-4-43

19372

VS 6

G 02963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 02963
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 W. Balto. St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 W. Balto. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK MATTINGLY GERMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	220-07-1079

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary G. German
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1878

8. AGE: Years	Months	Days	If less than one day
64	8	6	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Timekeeper
11. Industry or business Southern Hotel

FATHER
12. Name Jerome B. German
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah E. Mattingly
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Mary G. German
(b) Address 2119 W. Balto. St.

17 (a) Burial (b) Date thereof 4/7/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 APR 6 - 1943 (By Hunting for Millington M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1943, at 11:50 M

21. I certify that death occurred on the date above stated that I attended deceased from 10/40 1939 to 4/4 1943, and that I last saw h[illegible] alive on 4/4 1943.

Immediate cause of death
Hypostatic Failure — Duration 4/4/43.
Due to Lobar Pneumonia. — 4/4/43.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lemuel E. Boyard Jr. M.D.
Address 908 W. Baltimore Date signed 4/6/43.

VS 200

G 02964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B Registered No.

G 02964

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5256 Reisterstown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5256 Reisterstown Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK HUBER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	220-12-9163

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1878

8. AGE: Years	Months	Days	If less than one day
64	4	23	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Arlington Ice & Coal Co.

FATHER
12. Name Unknown Huber
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Grace Huber
(b) Address 5256 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 6 1943 (Date rec'd by registrar) (b) Evelyn Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1943, at 1:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1942 to April 6 1943. and that I last saw him alive on April 6 1943.

Immediate cause of death: Cirrhosis of the Liver Chronic — Duration 2yrs
Due to
Due to Cardiac Hypertrophy & dilatation
Other Conditions Asthma Bronchial
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sherman R. Evans M. D.
Address 2601 Manhattan Ave Date signed 4/6/43

VS 180

D

G 02965 ✓ G 02965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8 30 a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDNA ELIZABETH BURNS

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none
4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: John
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 13, 1887
8. AGE: Years 55 | Months 6 | Days 22 | If less than one day: hr. min.
9. Birthplace: Shippensburg, Pa. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business:

FATHER
12. Name: John Martin (Aughinbaugh)
13. Birthplace: Mainsville, Pa.

MOTHER
14. Maiden Name: Mary Ellan Shoemaker
15. Birthplace: Green Village, Pa.

16 (a) Informant: Mr. J. Aughinbaugh
(b) Address: Mechanicsburg, Pa.
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/6/43 (month) (day) (year)
(c) Cemetery or crematory: Paxtang
Location: Harrisburg, Pa.
18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Baltimore, Md.
19 (a) APR 6 - 1943 (Date rec'd by registrar) (b) Signature: [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1943 at 10 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 5 1943 and that I last saw h[illegible] alive on April 4 1943.

Immediate cause of death	Duration
(1) Cerebral hemorrhage	
Due to (2) Hypertension	
Due to (3) Cardiac enlargement	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Charles L Nuntodt M. D.
Address 1730 Linden ave Date signed 4/6/43

VS 180

G 02966 ✓ G 02966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4509 Penhurst Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4509 Penhurst Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SUSIE ROSELLA OURSLER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Clarence Clifton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 2/19/1876

8. AGE: Years: 67 Months: 1 Days: 17 If less than one day: hr. min.

9. Birthplace: Frederick Co., Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Joseph Ruby
13. Birthplace: Carroll Co., Md.

MOTHER
14. Maiden Name: -- Danner
15. Birthplace: Unknown

16 (a) Informant: Mr. C. C. OUrsler
(b) Address: 4509 Penhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory: Manchester
Location: Manchester, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by Reg.) (b) I hereby cer[illegible]

APR 6 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 6, 1943, at 1.00 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1942 to April 6 1943 and that I last saw her alive on April 5 1943.

Immediate cause of death	Duration
Arteriosclerosis	7 Yrs
Due to: Chronic Myocarditis	7 Yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 2757 W North Date signed 4/7/43

G 02967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02967 Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5244 Linden Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Robert W. Merriam

3 (b) If veteran, name war: none

3 (c) Social Security Account No.?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1872

8. AGE: Years 70 | Months 8 | Days 22 | If less than one day: hr. min.

9. Birthplace Scotland (town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business Comm. Motor Vehicles, Md.

FATHER
12. Name Robert W. Merriam
13. Birthplace Nova Scotia

MOTHER
14. Maiden Name Jane Kennmore
15. Birthplace Scotland

16 (a) Informant Mrs. Florence A. Merriam
(b) Address 5244 Linden Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cem.
Location Randallstown, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) APR 6 — 1943 to., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943, at 1225 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3, 1943, to April 5, 1943, and that I last saw h[illegible] alive on April 5, 1943.

Immediate cause of death Myocardial Degeneration — Duration

Due to Diabetes Mellitus

Due to Hypertensive C V Disease

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin W. Krapp, Jr.
Address Md. Gen. Hosp. Date signed 4/5/43

correct age is especially important. Physicians: please write the causes of death clearly and

G 02968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Ditto marks are not permitted. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W 40th St.,
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edwin Oscar Lohmeyer, Sr.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 24-01-5611

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elsie Lohmeyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1889

8. AGE: Years 53 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Frederick Lohmeyer
13. Birthplace Germany

MOTHER
14. Maiden Name Amanda Wise
15. Birthplace Baltimore, Md

16 (a) Informant Home for Incurable Records
(b) Address 700 W 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 APR 6 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1942 to 4/5 1943, and that I last saw him alive on 4/5 1943

Immediate cause of death Coronary Occlusion — Duration 2 hrs
Due to Arteriosclerosis (Generalized) — 3 yrs
Due to Rheumatoid Arthritis — 9 yrs
Due to Hypochromic Microcytic Anemia — 3 wks.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Lohmeyer M.D.
Address 214 Medical Arts Bldg Date signed 4/6/43.

VS 3

G 02969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46d

G 02969 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life (?)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Ann Waring

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife R. Rinaldo Waring
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1854

8. AGE: Years	Months	Days	If less than one day
88	10	19	hr. min.

9. Birthplace A. A. Co., Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business Home

FATHER
12. Name Charles A. Waters
13. Birthplace A. A. Co., Md.

MOTHER
14. Maiden Name Margaret Rutland Beard
15. Birthplace A. A. Co. Md.

16 (a) Informant Ethelynn W. Waring
(b) Address Same 1702 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) PD 6—1943 (b) Huntington Hotchkiss, M.D. (Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5 1943, at 6:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2 1943 to 4/5 1943 and that I last saw her alive on 4/5 1943

Immediate cause of death Carcinoma of Sigmoid — **Duration** 3 mos (?)

Due to

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Sigmoid

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas D. Lucas M.D.
Address Md. Gen. Hosp. Date signed 4/5/43

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 02970

D 02970

1310

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3704 Mohawk Ave (Ward) 8-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Howard Douglas Rowan

If U. S. Veteran give WAR

(a) Residence: No. 3704 Mohawk Ave St., Ward 8-1 No. 220-09-3865

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Margaret Edia Rowan

6. DATE OF BIRTH (month, day, year): June 10, 1860

7. AGE — Years: 82 | Months: 10 | Days: 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Glass Mfg.

10. Date deceased last worked at this occupation (month, year): May 1942

11. Total time (years) spent in this occupation: 2.5

12. BIRTHPLACE (city or town) (State or country): Elkton Md.

FATHER

13. NAME: John Brown Rowan

14. BIRTHPLACE (city or town) (State or country): Easton Md.

MOTHER

15. MAIDEN NAME: Sarah Howard

16. BIRTHPLACE (city or town) (State or country): Elkton Md

17. INFORMANT: Mrs. John S. Rowan

(Address) 3704 Mohawk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 4-8-, 1943

19. UNDERTAKER: Wm J. Jenkins & Son

(Address) Fronting Penna Ave. Baltimore

APR 6 - 1943, 19, Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5, 1943

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1938 to April 5, 1943. I last saw him alive on April 5, 1943. Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Arteriosclerosis	1930
Chr. myocarditis	1930
Chr. interstitial nephritis	1930
Pulmonary Edema	4/1/43
Other contributory causes of importance: Benign Hypertrophied Prostate	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lee Hahlenger M. D.

(Address) Hebron Liberty Baltimore

G 02971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G 02971 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5I2 S. Belnord Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5I2 S. Belnord Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna M. Beyer

3 (b) If veteran, name war *****

3 (c) Social Security Account No. *******

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Beyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan, 30, I867

8. AGE: Years: 76 Months: 2 Days: 3 If less than one day: hr. min.

9. Birthplace: Baltimore, Md., (Town, county, and state)

10. Usual Occupation: House Work

11. Industry or business

FATHER
12. Name: William J. Ensor
13. Birthplace: Baltimore, Md,

MOTHER
14. Maiden Name: Esther E. Cole
15. Birthplace: Maryland,

16 (a) Informant: Nettie E. Brown
(b) Address: 5I2 S. Belnord Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/I943 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Ave. Baltimore,

18 (a) Funeral director: John A. Moran.
(b) Address: 3008 E. Baltimore St,

APR 8 1943 (Date filed by Registrar) (Signature) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to April 3 1943 and that I last saw h[illegible] alive on April 15, 1943.

Immediate cause of death: Coronary Thrombosis — Duration 12 hrs.

Due to: Chronic Valvular Heart disease — Duration several years

Due to:

Other Conditions: Chronic Hypertension — Duration several years

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John J. Kruger M. D.
Address: 1262 Eastern Ave Date signed 4/5/43

VS 280

G 02972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a

G 02972 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. 23rd Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-0896

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	married

6 (b) Name of husband or wife Alice Moore
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Woodruff So Carolina (town, county, and state)
10. Usual Occupation Shipyard Worker
11. Industry or business

FATHER
12. Name Thomas Moore
13. Birthplace So Carolina

MOTHER
14. Maiden Name Nellie Pillbeth
15. Birthplace So Carolina

16 (a) Informant Alice Moore
(b) Address 112 W 23rd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Spadowing So Carolina
Location Baltimore City

18 (a) Funeral director Joseph A. Sivley
(b) Address 402 Mount Street

19 (a) (Date received) Huntington Williams M.D. (Signature of registrar) Registrar

APR 6 1943

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1943, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 2 1943, and that I last saw him alive on 4/a 1943.

Immediate cause of death Brain abscess — Duration 2 d.
Terminal pneumonia — 2 d.
Due to Meningitis, pneumococcus Type I — 12 d.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Sergmon M. D.
Address University Hosp. Date signed 4/7/43

G 02973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 02973
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 150 Paloma Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 150 Paloma Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. King

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-2455

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Florence M. King
6 (c) If alive, give age 9 years

7. Birth date of deceased (mo., day, yr.) Aug. 4 - 1876

8. AGE: Years 66 | Months 8 | Days — | If less than one day hr. min.

9. Birthplace Baltimore County Md.
(Town, county, and State)

10. Usual Occupation Butcher
11. Industry or business Grocery Store

FATHER
12. Name John King
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Emma Sullivan
15. Birthplace Montgomery Co. Md.

16 (a) Informant Florence M. King
(b) Address 150 Paloma Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7-1943 (Month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George E. Lefevre
(b) Address 2101 Frederick Ave

19 (a) APR 6 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1943, to April 4 1943, and that I last saw h[illegible] alive on April 4 1943.

Immediate cause of death
Lobar Pneumonia — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. McCollum M.D.
M. D.
Address 3329 Frederick Ave Date signed 4-5-43

Please answer all questions. Correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

G 02974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02974 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Adm. 4/2/43
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Woodsboro (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1 (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME CLYDE BAKER HOLBRUNER

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife: Alice E. King
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Apr. 16, 1894

8. AGE: Years 48 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace Woodsboro, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business -

FATHER
12. Name Charles W. Holbruner
13. Birthplace Woodsboro, Md.

MOTHER
14. Maiden Name Emma J. Baker
15. Birthplace Woodsboro, Md.

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-43 (month) (day) (year)
(c) Cemetery or crematory Thurmont - Location Thurmont Md.

18 (a) Funeral director A. Lee Odle
(b) Address 4644 York Road.

19 (a) APR 7 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH April 5, 1943, at 6:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 2, 1943 to Apr. 5, 1943, and that I last saw him alive on Apr. 5, 1943

Immediate cause of death	Duration
Cachexia	3-4 mos.
Due to Carcinoma of G.I. Tract	Unk.
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Bria
Address Baltimore, Md. Date signed 4/6/43

VS 180

G 02975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 02975 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3349 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3349 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR D. AKEHURST

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of ~~husband~~ or wife Louise
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 14, 1889
8. AGE: Years 53 Months 3 Days 21 If less than one day hr. min.
9. Birthplace Balto. Co. Md (Town, county, and state)
10. Usual Occupation House Painter
11. Industry or business Own

FATHER
12. Name Henry D. Akehurst
13. Birthplace England

MOTHER
14. Maiden Name Alice A. Blakely
15. Birthplace Maryland

16 (a) Informant Mrs Louise Akehurst
(b) Address 3349 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Parkville, Md.

18 (a) Funeral director William Cook Jr.
(b) Address 1217 St. Paul St.

APR 7 1943

(b) Huntington Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5/43 19 at 5 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 10/4/42 19 to 4/5/43 19 and that I last saw h ~~m~~ alive on 4/4/43 19

Immediate cause of death	Duration
Coronary Occlusion	5 hrs
Due to Hypertension	6 mo.
Due to Arteriosclerosis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. H. Turnquist M. D.
Address 1710 E 33 St Date signed 4/6/43

correct age is especially important. Physicians; please write the causes of death clearly and legibly

02976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. 6 02976

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1346 N. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1346 N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes May Buckingham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, ~~or divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Henry C. Buckingham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30 1878

8. AGE: Years	Months	Days	If less than one day
64	11	11	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Dennis Dorsey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Kerr
15. Birthplace Dublin Ireland

16 (a) Informant Joseph D. Buckingham
(b) Address 1101 Poplar Grove St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/7/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) APR 7 1943 (b) Washington Hollinsworth Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1943 to April 4 1943, and that I last saw her alive on April 4 1943.

Immediate cause of death: chronic myocarditis coronary thrombosis — Duration: 4 hrs

Due to

Due to

Other Conditions coronary sclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen MD

Address 206 S. Gilmor St Date signed 4-5-43

Physicians: please write the causes of death clearly and correct age is especially important.

02977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. G 02977

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful applied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3708 Towanda Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3708 Towanda Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fremont Gash

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Moses
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Samuel Fistel
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Samuel Hankin
(b) Address 3708 Towanda Ave

17 (a) Burial (b) Date thereof April 7, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

APR 7 — 1943 (Local rec'd registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943 at 2 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 6/20 1937 to 4/6 1943.
and that I last saw h alive on 4/4 1943.

Immediate cause of death
Pulmonary Hemorrhage
Due to Bronchostasis

Duration 3 Day 3 Hrs

Due to

Other Conditions Myocarditis Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature M. H. Ferguson
Address 231 Eutaw Pl. Date signed 4/6/43

02978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. C 02978

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.,
(c) Hospital or institution:
Edgewood Nursing Home,
(d) Length of stay in hospital or inst. ~~HK~~ mos. ~~HK~~ 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 E. North Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN RICHARDS,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1875

8. AGE: Years 68 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Penna R. R.

FATHER
12. Name Sebastian Richards
13. Birthplace Germany

MOTHER
14. Maiden Name Mary McDonald
15. Birthplace Md.

16 (a) Informant Mrs Rosie Brown
(b) Address 2125 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7th 1943 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Geo E Cooke
(b) Address 1701-03 N Patterson Park Ave

19 (a) APR 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/7/43 19 , at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8/42 19 to 4/7/43 19 ,
and that I last saw him alive on 4/3/43 19

Immediate cause of death
Coronary Renal
Vascular

Duration 1 yr +

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H W. Wheaton M. D.

Address 1305 York Rd Date signed 4/5/43

VS 3

Please write plainly, using ink. Physicians: please write the causes of death clearly and legibly. Give only one cause on a line. Do not use abbreviations or ditto marks. Be sure that the entries for age, sex, and color or race are complete and correct. Cause of death must be certified for every death, however long or short the attendance may have been. Indicate whether injury was accidental, suicidal, or homicidal. Correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 02979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1131a

G 02979 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 646 Perkins Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 646 Perkins Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth B. Hurt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	6	hr. min.

9. Birthplace Harford Co., Md.
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Henry Morgan
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Peaco
15. Birthplace Md.

16 (a) Informant Mrs Helen Brown
(b) Address 646 Perkins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-43 (month) (day) (year)
(c) Cemetery or crematory John Westly Cem.
Location Abingdon, Harford, Co., Md

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) APR 7 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH April 5, '43 19 at 15:15

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1 1943 to April 5 1943, and that I last saw him alive on April 5 1943.

Immediate cause of death Cardio Vascular-Renal Disease — Duration 3 mths

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles T. Mullen M. D.
Address 961 Hanover St Date signed 4/6/43

02980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11

G 02980
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1881

8. AGE: Years	Months	Days	If less than one day
62 61	1	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Booze
13. Birthplace Md.

MOTHER
14. Maiden Name Nora Booze
15. Birthplace Md.

16 (a) Informant Miss Rosa Stewart
(b) Address 822 N Carrollton Ave

17 (a) Burial (b) Date thereof 4-7-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.
Thurlow Williams, M.D.

19 (a) APR 7 1943 (b)
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, '43 19 at 7.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1943 to 4-5 1943, and that I last saw h[illegible] alive on 4-5 - 1943.

Immediate cause of death Erysipelas — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 207 N. Caroline Date signed 4-6-43

C 02981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. C 02981

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 159 W. Cross St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 159 W. Cross St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Smith Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Leroy Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Federal N. C.
(Town, county, and state)
10. Usual Occupation Factory Worker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace N.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N.C.

16 (a) Informant Leroy Davis
(b) Address U. S. Army

17 (a) Burial (b) Date thereof Apr 10. 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Ar. A-Co Md

18 (a) Funeral director Jarma a Stavros
(b) Address 142 W Pratt St

19 APR 7 - 1943 (b) Hunting Tom Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, at 12 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in person thereon and from the evidence (Autopsy or Inquiry) obtained by said in person find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death acute pulmonary edema — Duration

Due to Chronic Valvular heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed April 4 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

C 02982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77c

Registered No. C 02982

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 N. Bay st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SUSIE FAIN

3 (b) If veteran, name war	3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Wm Fain
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Macon N. C. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Charles Talley
13. Birthplace N. C.

MOTHER
14. Maiden Name Sallie Allgood
15. Birthplace N. C.

16 (a) Informant Wm Fain
(b) Address 1657 Bakebarry Ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location a-a. Co. Md

18 (a) Funeral director James A Hayes
(b) Address 142 W Fayette St

19 APR 7 - 1943 (Date of burial) (b) Huntington Williams M.D. (Signature of undertaker)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943, at 5:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute alcoholism	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williamson M.D. Medical Examiner.
Date signed 4-5-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

G 02983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 02983 Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 Edmonson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Edmonson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Eliza Brookes
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	colored	Widowed

6 (b) Name of husband or wife Wesley Brookes
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 26 1868

8. AGE: Years	Months	Days	If less than one day
74	8	9	— hr. — min.

9. Birthplace Taylor's Island Md (Town, county, and state)
10. Usual Occupation Janitress
11. Industry or business School 106

FATHER
12. Name Steven Sana
13. Birthplace Taylors Island

MOTHER
14. Maiden Name Emily Hooper
15. Birthplace Taylors Island

16 (a) Informant Mrs. Ada Spedden
(b) Address 1207 Edmonson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Stayton
(b) Address 1142 W. Fayette St

APR 7 1943 (Date received by Registrar) (b) Huntingtown Williamsburg, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4-1943, at 10 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12-1943, to 4-4-1943, and that I last saw her alive on 4-3-1943.

Immediate cause of death Cerebral hemorrhage — Duration —

Due to Hypertension and arteriosclerosis — Duration —

Due to — Duration —

Other Conditions Myocarditis — Duration —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St Date signed 4-5-43

PRINT WITH PENCIL, WITH UNFADING INK. Entry of information correct age is especially important. Physicians: please write the causes of death clearly a

G 02984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 02984 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 St. Johns Road
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ✓
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 St. Johns Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Athinson Brady

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife George Moore Brady
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 3, 1895

8. AGE: Years	Months	Days	If less than one day
47	9	3	✓ hr. ✓ min.

9. Birthplace Green Spring Valley Baltimore Co.
(Town, county, and state)
10. Usual Occupation Home-wife
11. Industry or business None

FATHER
12. Name George Tilson Athinson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emma V. Harrison
15. Birthplace Columbia S. Ca.

16 (a) Informant George M. Brady
(b) Address 101 St Johns Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8 43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Beech rd

18 (a) Funeral director Henry W Jenkins & Son
(b) Address McCulloh & Oakland Sts

19 (a) [illegible] (b) Apr 7 1943 Dr. Williams, M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1943, at 4:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1942 to Apl. 6th 1943, and that I last saw h[illegible] alive on Apl. 6 1943.

Immediate cause of death
Primary abdominal carcinomatosis — Duration 3 yrs.
Due to
Due to (new)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry B Kelly M.D.
Address 2504 St. Paul St. - Date signed 4/6/43.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and

G 02985 T.N

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02985 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 McKildrey St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry MacAthur

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Laura (L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 5, 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	11	29		

9. Birthplace: Scotland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: Peter MacArthur
13. Birthplace: Scotland

MOTHER
14. Maiden Name: Isabelle Mac Intyre
15. Birthplace: Scotland

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn Md.

18 (a) Funeral director: L. Heemann and Son
(b) Address: 32 S. Broadway

19 (a) (Date rec'd by registrar) APR 7 - 1943 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4- 1943, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5- 1943 to 4-4- 1943, and that I last saw him alive on 4-3- 1943.

Immediate cause of death: Carcinoma of rectum — Duration: 2 yrs.
Due to: generalized arteriosclerosis — yrs
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operations:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Paul Schmeltz, M. D.
Address: Baltimore City Hosp Date signed 4-6

G 02986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G 02986 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3065 Mayfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3065 Mayfield Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM JOHN GEIDT

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 213-10-2059

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louise C. Geidt
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) April 18, 1888

8. AGE: Years 53 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Brewery

FATHER
12. Name John Geidt
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emelia Michael
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Louise C. Geidt
(b) Address 3065 Mayfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County, Md.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) (Date received by Registrar) 4/6/43 (b) Washington Heights, Md. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1943 to April 5 1943, and that I last saw h[illegible] alive on April 4 1943.

Immediate cause of death Abdominal carcinomatosis (Secondary carcinoma)

Duration 14d

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan. 9 43 Exploratory

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George D. Lightfoot M. D.
Address 4701 E. Baltimore Ave. Date signed 4/6/43

G 02987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

G 02987 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Omissions cause delay and expense. The correct age is especially important. Physicians: please write the causes of death clearly in ink. Illegible certificates cannot be accepted.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Marshall St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY NAGLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/25/1934

8. AGE: Years	Months	Days	If less than one day
8	11	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation scholar.

11. Industry or business

FATHER
12. Name John Nagle
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Maggie Raftery
15. Birthplace Baltimore

16 (a) Informant Mr J Nagle
(b) Address 1514 Marshall

17 (a) Burial, cremation, or removal Burial (b) Date thereof 4-10-43. (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto Co

18 (a) Funeral director J J Foley Sons
(b) Address 1318 Light St

19 (a) (Signature) Huntington Williams M.D. Address
APR 7 1943
No. 11

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943 at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said I find that said deceased came to h death on the day stated above.

Immediate cause of death: Burns, 2nd & 3rd degree body.
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-3-43 at 7 am M
(c) Where did injury occur? Home Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury clothing caught fire

23. Signature H & Wolfenstein M.D. Medical Examiner.
Date signed 4-7-43 from residence

G 02988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

G 02988 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1827 W North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
[If outside city or town limits, write RURAL and give town]
(d) Street No. 1827 W. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANN RUSSELL FAHEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/7/92

8. AGE: Years	Months	Days	If less than one day
X	4	30	29 hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Martin Fahey
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eileen Mancke
15. Birthplace Baltimore

16 (a) Informant M. E Fahey
(b) Address 1827 W. North

17 (a) Burial (b) Date thereof 4/7/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Fahey Sons
(b) Address 1827 W North Ave.

19 (a) APR 7 - 1943 Huntington Williams M.D.
(Date filed by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943 at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Septicemia, cause undetermined — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. E. Wollenweber M.D.
Medical Examiner.

Date signed 4-7-43

G 02989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 02989 Registered No.

1943

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) Just came

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 116 Venture Terrace Dundalk
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary E. Taber

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Clyde Taber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27 1912

8. AGE: Years 31 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Pampa
(Town, county, and state)

10. Usual Occupation Nurse (Hosp)

11. Industry or business —

FATHER — 12. Name Patrick Carnes
13. Birthplace Boston Mass.

MOTHER — 14. Maiden Name Fannie Simpson
15. Birthplace Penna.

16 (a) Informant Husband Clyde Taber
(b) Address 116 Venture Terrace Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Dundalk Md.

18 (a) Funeral director Martin Staley & Sons
(b) Address 1827 N. North Ave.

19 (a) (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1943 to April 5 1943 and that I last saw her alive on April 5 1943.

Immediate cause of death	Duration
(a) Acute allergy	
Due to (b) Nervous Craving	
Due to (c)	
Other Conditions Bronchial asthma	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E. Osborne M. D.
Address Mercy Hospital Date signed 4/5/43

VS 180

G 02990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02990 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd. Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) Md. (b) County Balto.
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 W. Joppa Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME W. Gill Smith

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. W. Gill Smith
6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) July 16, 1861

8. AGE: Years	Months	Days	If less than one day
81	8	19	hr. min.

9. Birthplace Towson, Md. (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name William B. Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Mayes
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address 33rd. & Calvert Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director H. H. Myers and Son
(b) Address 805 N. Calvert St.

19 (a) ---------- (Date rec'd by registrar) (b) ---------- Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to April 5 1943, and that I last saw him alive on April 5 1943.

Immediate cause of death Cardio-resp. failure — Duration 2 days

Due to Uraemia

Due to Arterio-sclerotic C-V disease

Other Conditions Cerebral Thrombosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James N. McCosh, Jr. M. D.
Address Union Memorial Hospital Date signed 4-5-43

VS. 188 APR 7 - 1943

G 02991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02991 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 Scott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 Scott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-2108

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary A. Green
6 (c) If alive, give age ~~1941~~ 1888

7. Birth date of deceased (mo., day, yr.) February 21, ~~1888~~ 1888

8. AGE: Years	Months	Days	If less than one day
~~52~~ 55	1	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Soda Drink Factory

FATHER
12. Name Joseph Green
13. Birthplace United States

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Margaret Green
(b) Address 524 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller & Donovan
(b) Address 1005 W. Baltimore St.

19 (a) (b) (Registrar's signature) Registrar

APR 7 - 1943

Harrington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1943 to Apr. 5 1943 and that I last saw him alive on 19.

Immediate cause of death Auricular Fibrillation — Duration 2 weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry H. Oates, M. D.
Address 517 Scott St. Date signed 4/10/43

Cover

G 02992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1935

G 02992
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. If any item is unknown, write the word "unknown." Be sure to give the correct age in each case. Information regarding parents is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 816 W. Oxford St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Neal Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25 1884

8. AGE: Years	Months	Days	If less than one day
62	3	8	hr. min.

9. Birthplace A. A. Co., Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Dany Jones

13. Birthplace Pa. A. Co., Md.

MOTHER 14. Maiden Name Mary Johnson

15. Birthplace A. A. Co., Md.

16 (a) Informant Jamie D. Jones

(b) Address 436 Decker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A. A. Co Md

18 (a) Funeral director Isaiah L Brown Son

(b) Address 1058 Montgomery Street

19 (a) APR 7 1943 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1943, at 8 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed April 4 1943

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02993 Registered No. G 02993

G 02993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 Popular grove St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) about 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Popular grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise M Weaver

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Edmund C Weaver
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 19 1866

8. AGE: Years	Months	Days	If less than one day
77	2	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business None

FATHER
12. Name Burkhart Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Julia
15. Birthplace Baltimore Md

16 (a) Informant Edmund C Weaver
(b) Address 1023 Popular Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 197 Bath

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 (a) (b)
(Signature of registrar) Registrar
Burlington for Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1943 to April 6 1943, and that I last saw h alive on April 6 1943.

Immediate cause of death: Terminal Pneumonia — Duration 2 days
Due to Cerebral Hemorrhage — Duration Feb 17 1943
Due to Arterio-sclerosis & Hypertension — Duration 20 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Zeller M.D.
Address 23 E Eutaw Place Date signed 4/6/43

G 02934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02994 Registered No. 1370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Keswick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL opposite town)
(d) Street No. 3006 Keswick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward R Armiger
3 (b) If veteran, name war —
3 (c) Social Security Account No. 219-01-8074

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Katherine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 17-1871
8. AGE: Years 72 Months — Days 18 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Textile mill

FATHER
12. Name Franklin H Armiger
13. Birthplace Md.

MOTHER
14. Maiden Name Mary A. Price
15. Birthplace unknown

16 (a) Informant Katherine Armiger
(b) Address 3006 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Frank H Leitz
(b) Address 814 N 36 St

(a) 847 - 1943 Registered
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943 8.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1943 to April 5 1943.
and that I last saw h alive on April 4 43

Immediate cause of death
Cardiac insufficiency — Duration ?
Due to
Hem. Cerebralis — 9
Due to
Other Conditions Benign Hypertrophy Prostate — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Gore
Address 126 E Fayette Date signed 4/6/43

VS 8

G T.B 02995 80751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

G 02995 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 George St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hilary Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1940

8. AGE: Years	Months	Days	If less than one day
2	9 11	19 18	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Jones
13. Birthplace N.C

MOTHER
14. Maiden Name Vodll Foster
15. Birthplace N.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof Apr 8 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A Hahlegt
(b) Address [illegible]

19 (a) APR 7 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5-43 19 , at 3 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3-43 19 , to 4-5-43 19 , and that I last saw him alive on 4-5 1943.

Immediate cause of death The meningitis — Duration 1 da

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Dis alone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Goss L. M. D.
Address B. C. H. Date signed 4-6-43

VS 180

G 02996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 02996 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Physicians: please write the causes of death clearly and fully. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 Mc Phail. St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 108 Mc Phail St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Carolyn Sue Beavers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 7, 1943

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Truman Beavers
13. Birthplace Rollsburg W. Va

MOTHER
14. Maiden Name Audrey Creamer
15. Birthplace Jane Alton W. Va

16 (a) Informant Mrs. T. Beavers
(b) Address 108 Mc Phail St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. Virginia

18 (a) Funeral director Thos. J. Kenny
(b) Address 1600 Hollins St.

APR 7 — 1943 (Date received by Registrar) (b) Huntington Williams M.D.

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943 at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943 to April 7 1943. and that I last saw her alive on April 7 1943.

Immediate cause of death Pneumonia — Duration 6 hours

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Albert Kornmesser M. D.
Address 1934 Wilkens Ave Date signed

G 02997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 02997 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7018 Park Hts Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7018 Park Hts Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME CAREY GOLDMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11 1943

8. AGE: Years | Months 2 | Days 27 | If less than one day hr. min. 16

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Sam Goldman

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Helen Frankel

15. Birthplace Russia

16 (a) Informant Mrs. Sam Goldman

(b) Address 7018 Park Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ (month) /43 (day) (year)

(c) Cemetery ~~or crematory~~ Hebrew Herring Run

Location Balto. Md.

18 (a) Funeral director David Corkeim & Son

(b) Address 1902 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

APR 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 6 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Asphyxiation — Duration

Due to: Aspiration of vomitus

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed 4-7-43

G 02998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1140

G 02998 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Paca St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY WISE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1903

8. AGE: Years 39 | Months 4 5 | Days 0 | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Henry Wise

FATHER 13. Birthplace South Carolina

MOTHER 14. Maiden Name Celia Pope

MOTHER 15. Birthplace South Carolina

16 (a) Informant William Wise

(b) Address 607 N. Paca St.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 4/5/43 (month) (day) (year)

(c) Cemetery or crematory Batesburg Cem Location Batesburg, S. C.

18 (a) Funeral director Wellesley A. Jackson

(b) Address 916 Penna. Ave

19 APR 7 - 1943 (Signature of Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943, at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Abscesses, lung	
Due to	
Due to	
Other Conditions ko	

(Include pregnancy within 3 months of death)

Date of operation ko

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 4-7-43

G 02999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 02999

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town New Windsor (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Ellen Warner
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 10, 1940
8. AGE: Years 2 Months 8 Days 25 If less than one day hr. min.
9. Birthplace Carroll Co. Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Uriah S. Warner
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E. Hesselbacher
15. Birthplace Maryland

16 (a) Informant Mr. Uriah S. Warner
(b) Address New Windsor Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-43 (month) (day) (year)
(c) Cemetery or crematory Taylorsville
Location Taylorsville, Carroll Co. Md

18 (a) Funeral director C. M. Ahalt
(b) Address Westminster Md.

19 (a) APR 7 - 1943 (Date rec'd by registrar) (b) Harry [illegible] Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1943, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5, 1943, to April 5, 1943, and that I last saw h[illegible] alive on April 5, 1943.

Immediate cause of death: Probable Meningococcemia — Duration: 1 day
Due to
Due to
Other Conditions Probable Adrenal Hemorrhage
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Earl Hess M. D.
Address Univ. Hosp. Date signed 4-5-43

correct age is especially important. Physician: please write the causes of death clearly and legibly.

G 03000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03000 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. Luzerne Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Patrick A. Cavanaugh

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-05-3242

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Anna J. Cavanaugh.

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Nov 30 1886

8. AGE: Years 56 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Gas & Electric Co

FATHER 12. Name Patrick J. Cavanaugh
13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Carroll
15. Birthplace Ireland

16 (a) Informant Mrs Anna J. Cavanaugh
(b) Address 817 N. Luzerne Ave

17 (a) burial (b) Date thereof 4 | 8 | 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd.

18 (a) Funeral director Albert Cowans & Son
(b) Address 901 Eastern Ave.

19 (a) (b)
(Signature of local registrar)

APR 7 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1943, at 6:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1943 to April 5 1943, and that I last saw him alive on April 5 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 2 weeks

Due to: Arteriosclerotic Heart Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Furlong M.D.
Address St. Joseph's Hosp. Date signed 4-5-43

correct age is especially important. Physicians please write the cause of death clearly

G 03001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 03001 / 1378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 ROSSITER AVE
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME ALFRED J. DIETZ
3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-09-9265

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	MARRIED

6 (b) Name of husband or wife GRACE D DIETZ
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) OCT 6, 1866

8. AGE: Years	Months	Days	If less than one day
76	5	30	19 hr. min.

9. Birthplace YORK PA.
(Town, county, and state)
10. Usual Occupation TREASURER
11. Industry or business —

FATHER
12. Name GEORGE W. Dietz
13. Birthplace PENN.

MOTHER
14. Maiden Name AMANDA ROSINGER
15. Birthplace PENN.

16 (a) Informant Mrs. Grace D. Dietz
(b) Address 512 Rossiter, Ave City
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.
18 (a) Funeral director T. Madison Mitchell
(b) Address Havre de Grace, Md.
19 (a) 1943 (b) [illegible] Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5 1943 at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1943 to 4/5 1943 and that I last saw h[illegible] alive on 4/5 1943.

Immediate cause of death Shock
Uremic Septicemia
Failure
Due to Urinary Extravasation
Uremia
Due to Perineal Penetrating
Supra pubic drainage
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3/17/43 4/5/43
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Lawrence Gallagher M. D.
Address Mercy Hosp Date signed 5

03002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

G 03002
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town 1802 E 28th St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Jones (JONES)
3 (b) If veteran, name war
(c) Social Security Account No. 216-01-9226

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	married

6 (b) Name of husband or wife Pearl W Jones
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov - 5 - 1900

8. AGE: Years	Months	Days	If less than one day
42	5	4	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business Western Elect. Co.

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Ida M. F
15. Birthplace

16 (a) Informant Pearl M Jones
(b) Address 1802 E. 28th St
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-8-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location
18 (a) Funeral director L. J. Ruck
(b) Address 5303 Harford Rd.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 11:45 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 3/28 1943 to 4/4 1943, and that I last saw h[illegible] alive on 4/4 1943.

Immediate cause of death Landrys Paralysis — Duration 4 days
Due to 7 Paralysis
Due to
Other Conditions Perforated Gastric Peptic Ulcer; Peritonitis
(Include pregnancy within 3 months of death)
Date of operation 3/28/43
Major findings of operation: Peritonitis due to Perforated Gastric Ulcer
of autopsy: As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:
23. Signature William Stupik M. D.
Address St Josephs Hosp Date signed 4/6/43

VS 8

G 03003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03003 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 E. 25th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 E. 25th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Edward Ewing
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-05-3288

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced M.

6 (b) Name of husband or wife Laura E. Ewing
6 (c) If alive, give age 53 yrs

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1880

8. AGE: Years 63 | Months 2 | Days 5 4 | If less than one day ____ hr. ____ min.

9. Birthplace Stephens City, Va. (Town, county, state)

10. Usual Occupation Clerk - Bus-Elec. Co.

11. Industry or business

FATHER
12. Name John Ewing
13. Birthplace Va.

MOTHER
14. Maiden Name Ora White
15. Birthplace Va.

16 (a) Informant Mrs. Laura Ewing
(b) Address 1724 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Pk.
Location Lot 551 Section 7

18 (a) Funeral director Welch-Funeral Home
(b) Address 2004-8 Orleans St.

19 (a) (Date rec'd by registrar) APR 7 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1943, at 7:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3/1943 to 4/5/1943, and that I last saw him alive on 4/4/1943.

Immediate cause of death: Cerebral hemorrhage — Duration 48 hrs.
Due to: Cerebral arteriosclerosis
Due to:
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Barden.
Address 1517 E. North Ave. Date signed 4/6/43

G 03004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

G 03004 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3516 O'Donnell St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3516 O'Donnell St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Regulski

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Annie Regulski
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 15 1872
8. AGE: Years 70 Months 9 Days 21 If less than one day hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Iron Laborer

FATHER
12. Name: Don't Know
13. Birthplace: Poland

MOTHER
14. Maiden Name: Don't Know
15. Birthplace: Poland

16 (a) Informant: Elizabeth Regulski
(b) Address: 3516 O'Donnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9 (month) (day) (year)
(c) Cemetery or crematory: St Stanislaus Cem
Location: City

18 (a) Funeral director: Ulrich Funeral Home
(b) Address: 2004 E. Oliver

19 (a) Date received by registrar: APR 7 1942 (b) Filed: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6 1942, 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1942 to April 6 1942, and that I last saw him alive on April 6 1942.

Immediate cause of death	Duration
Pulmonary Edema	2 days
Due to Chronic Valvular Heart Lesion	?
Due to Arteri-sclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. B. Wroughton M. D.
Address: 3037 O'Donnell St Date signed: 4-8-42

VS 3

4 Transcripts

G 03005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938

G 03005

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4015 Taylor Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kohler

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife: George Kohler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1887

8. AGE: Years	Months	Days	If less than one day
53	7	17	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Timothy Daily
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Lanahan
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Kohler
(b) Address 4015 Taylor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10/43 (Month) (day) (year)
(c) Cemetery or crematory Mey-Cathedral Cemetery
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) Date of entry April 10 1943 (b) Registrar Huntington Williams M.D.

APR

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1943, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2, 1943 to April 6 1943, and that I last saw her alive on April 6, 1943.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Arteriosclerosis C-V Disease	1
Due to Chronic Alcoholism	5
Other Conditions Anemia Hemorrhoids	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert B Tunney M.D.
Address Mercy Hosp. Date signed 4/6/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03006 / 137a C 03006

C 03006

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 N. Parrish St
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 N. Parrish St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Mc Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Mamie McRoberts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Kentucky (City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mamie McRoberts

(b) Address 512 N Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April (month) (day) 1943 (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location [illegible]

18 (a) Funeral director Mrs. Katie Williams

(b) Address 322 N. Schroeder St

19 (a) (Filed by city registrar) (b) Huntington Williams Asst Registrar

We Iso

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1943 at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30 1943 to 4/1 1943 and that I last saw him alive on 4/1 1943

Immediate cause of death Anaemia

Due to Hypertrophied Prostate

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Evan A. Gilkes

Address 601 N. Calhoun Date signed 4/6/43 M.D.

Evan A. Gilkes

correct age is especially important. Physician: please write the cause of death plainly and legibly

STATE OF MARYLAND—CERTIFICATE OF DEATH

03007 DEATH — √83a — G 03007

County Baltimore — Registration Dist. No.

Village or City Curtis Bay — No. 1602 Church Street — St. — Ward

(If death occurred in hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. — How long in U. S. if of foreign birth? 60 yrs. mos. ds.

2. FULL NAME JOHN KONOPIK — If U. S. Veteran, specify WAR

(a) Residence: No. 1602 Church St. Curtis Bay St. Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Barbara (nee Hrabak)

6. DATE OF BIRTH (month, day, and year) May 16, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
73 yrs.	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Gov. (retired)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 20 yrs. ago — 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Czechoslovakia (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Elsie Bradley (daughter)

(Address) 525 N. Belnord Avenue

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Holy Rosary Cem. Date 4/8/43 19

19. UNDERTAKER Charles E. Schimunek

(Address) 2601 E. Madison St. Balto.

20. Filed APR 7 - 1943 — Thomas J. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 4th (Day) 1943 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 30 - 1943 to April 4 - 1943

I last saw him alive on April 3 1943 death is said to have occurred on the date stated above, at 11:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Apr. 1 1943

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William J. Sedi M. D.

(Address) 4815 Pennington Ave. Balto.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BALTIMORE CITY HEALTH DEPARTMENT G 03008 Registered No.

CERTIFICATE OF DEATH 1943

G 03008

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Road
(c) Hospital or institution: Harford convelescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Preicilla Preston

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Charles Preston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1860

8. AGE: Years 91 | Months 9 | Days | If less than one day: hr. min. 51

9. Birthplace near Jarrettsville Har Co Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jacob Hildt
13. Birthplace Germany

MOTHER
14. Maiden Name Aleah Dick
15. Birthplace Perry Co Pa

16 (a) Informant Winfield Preston
(b) Address White Hall R.D. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9-43 (month) (day) (year)
(c) Cemetery or crematory Salem
Location Jarrettsville Md.

18 (a) Funeral director Martin F. Kurtz
(b) Address Jarrettsville Md.

19 (a) Filed April 9 1943 (b) Huntington Hilliard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943, to April 7 1943, and that I last saw him alive on April 7 1943.

Immediate cause of death: Chronic myocarditis — Duration 10 years
Due to Arteriosclerosis
Due to Hypertension
Other Conditions At. femoral thrombosis & dry gangrene of leg
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. V. Harbold M.D.
Address 4706 Harford Road Date signed 4/9/43

VS 1

G 03009 T.B. 80571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/12 G 88809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 N. Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Miller Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 2, 1876

8. AGE: Years	Months	Days	If less than one day
66	9	4 3	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unable to work

11. Industry or business

FATHER
12. Name Peter Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Meier
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Com. Location Mt. Auburn Park

18 (a) Funeral director Geo. J. Fuchs Sr.
(b) Address 1735 Harford Ave

19 (a) APR 7 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5 1943, at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1943 to 4/5 1943, and that I last saw h / alive on 4/5 1943.

Immediate cause of death	Duration
(a) Acute pulmonary Congestion	4 years 4 days
Due to (b) Hemo Nephrosclerosis	2 years ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Per above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Maltzman M. D.
Address A.C.A Date signed 4/6

Huntington Williams Registrar

VS 150

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 030190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82a

G 030190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106-E. North Ave
(c) Hospital or institution: -----

(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106-E. North Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Kenney Ing

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Samuel R. Ing
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 7/4/1871

8. AGE: Years	Months	Days	If less than one day
71	9	2	- hr. - - - min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Patrick H. Kenney
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary E. (Woods)
15. Birthplace Baltimore, Md.

16 (a) Informant Harmar C. Kenney
(b) Address 1106-E. North Ave.

17 (a) Burial (b) Date thereof 4/9/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.
18 (a) Funeral director George C. Ruth Inc.
(b) Address 1725-Harford Ave.
19 (a) APR 7 - 1943 Lexington Market
(Date rec'd by registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH ---- 19 ---, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 19 43 to Apr 6 19 43, and that I last saw h-r alive on Apr 5 19 43

Immediate cause of death
Uremia cerebral
Leiomyoma
Due to Right hemiplegia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. J. Kirby
Address 110 E North Ave Date signed 4/7/43

G 03011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03011 Registered No. 1178

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH LEON BYRNES

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 215-22-1259

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Katherine Heffernan
6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): March 4 1888

8. AGE: Years	Months	Days	If less than one day
55	1	—	hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Maintance Men
11. Industry or business: Bendix Corp.

FATHER
12. Name: Michael Byrnes.
13. Birthplace: Ireland.

MOTHER
14. Maiden Name: Elizabeth O'Keefe.
15. Birthplace: Ireland.

16 (a) Informant: Katherine Byrnes (Wife)
(b) Address: 2015 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8 1943 (month) (day) (year)
(c) Cemetery or crematory: St Vincents
Location: Baltimore Md.

18 (a) Funeral director: J. Melville Jenkins
(b) Address: 2713 Kirk Ave

APR 7 - 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943 at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Duodenal ulcer perforated — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wollenweber M.D. Medical Examiner.
Date signed 4-5-43

VS 6

G 03012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 03012 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 S. Pulaski
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 S. Pulaski
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George J. Lorber

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 - 1877

8. AGE: Years	Months	Days	If less than one day
65	11	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Fireman
11. Industry or business Balto City

FATHER
12. Name John Lorber
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret
15. Birthplace Germany

16 (a) Informant Mrs Lillian M. Lorber
(b) Address 31 S. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9 - 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County

18 (a) Funeral director George L. Ashworth
(b) Address 2101 Frederick Ave

19 (c) APR 7 - 1943 (Date rec'd by registrar) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1943, at 1:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Hypertensive Cardio - vascular disease.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 4/6/43.

G 03013 ✓ G 03013

T.N 80701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2026- W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Louis Wonder

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-6201

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1877

8. AGE: Years	Months	Days	If less than one day
65	9	16	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Brick Layer

11. Industry or business

FATHER
12. Name William Wonder
13. Birthplace Pa.

MOTHER
14. Maiden Name Laura Lambard
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9-1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director George L. Dohnert
(b) Address 2401 Frederick Rd.

19 APR 7 - 1943 (Date rec'd by registrar) Harrington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 1943, at 8:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1943, to 4-6 1943, and that I last saw him alive on 4-6 1943.

Immediate cause of death

	Duration
Pulmonary Embolism	4 hrs
Due to (Site & type unknown)	
Due to Hernia - Rt inguinal	20 yrs
Other Conditions Arteriosclerosis	?

(Include pregnancy within 3 months of death)

Date of operation 4-2-43

Major findings of operation: Hernia

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald Bartlett

Address Balto City Hosp Date signed 4-6-43 M.D.

VS 150

G 03014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not guess at any fact, but write "unknown" if you cannot obtain the correct answer. Physicians: please write the causes of death clearly and legibly. Age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 825 N Appleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 14
(e) Length of stay in Baltimore (yrs., mos., or days) 39 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 N Appleton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Simon Goldman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1874

8. AGE: Years	Months	Days	If less than one day
68	10	2625	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name William Goldman
13. Birthplace Russia

MOTHER
14. Maiden Name Ruth ?
15. Birthplace Russia

16 (a) Informant William Goldman
(b) Address 825 N Appleton St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof April 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Adath Washington Road Cemetery
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

APR 7 - 1943 Huntington Williams, Registrar
(Date received) (Registrar)

YS 150

MEDICAL CERTIFICATION

6.35

20. DATE OF DEATH April 7, 1943 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to April 7 1943, and that I last saw h[illegible] alive on April 1st 1943.

Immediate cause of death	Duration
Coronary Sclerosis	6 mos
Due to Recurrent Coronary Thrombosis	4 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex A Weinstock M.D.
Address 4603 Park Heights Ave Date signed 4/7/43

G 03015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 03015 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Perlman Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SAMUEL ABRAHAM

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-0801

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business Produce Salesman

FATHER
12. Name Nathan Abraham
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie Stern
15. Birthplace Russia

16 (a) Informant Eli Abraham
(b) Address 2211 Rustin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1943 (month) (day) (year)
(c) Cemetery or crematory Shub-Shalom Cemetery
Location Ockonella St.

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 N. North ave

19 (a) APR 8 1943 (Date rec'd by registrar) (b) Huntington Pollock Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 4:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed 4-7-43

correct age is especially important. Typewriter: please write the name or death clearly and legibly.

VS 4

G 03016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G 03016 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 Prestman Street
(c) Hospital or institution: 16-T
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44yo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Prestman St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Elma R. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Dr. Clarence Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/21/1854

8. AGE: Years 88 | Months 11 10 | Days 15 | If less than one day hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jos. Benson

13. Birthplace A. A. Co

MOTHER 14. Maiden Name Mary Kelly

15. Birthplace A. A. Co

16 (a) Informant Clarence Johnson

(b) Address 2208 N. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Potomac Highway Md

18 (a) Funeral director John O. Mitchell

(b) Address 1900 Eastern Ave

April 7 — 1943 Hospital for Consumptives, Md.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943 at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to April 6 1943 and that I last saw h alive on April 6 1943

Immediate cause of death

Cardiac Insufficiency

Due to Arterio Sclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 6 days 3 yrs.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Marion W. Brandt M. D.

Address 8262 Fulton Ave Date signed 4/7/43

VS 230

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C 03017

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. Washington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Dash

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-4779

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 59 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Gen Laborer

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know

MOTHER
14. Maiden Name Dont Know
15. Birthplace Dont Know

16 (a) Informant Mrs Elizabeth Benny
(b) Address 205 N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10th (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2005 E Baltimore St

19 (a) APR 8 - 1943 (Date rec'd by registrar) (b) Hunter [illegible] Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943 at 1 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his [illegible] and the [illegible] thereon and from the evidence (Autopsy or Inquiry)
obtained by said his [illegible] and the [illegible] and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Cn Graham M.D. Medical Examiner
Date signed April 7 1943

VS 4

G 03018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

G 03018

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Brighton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 74yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Brighton
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Aulabaugh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M.

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary Aulabaugh

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) May 17-1868

8. AGE: Years 74 | Months 10 | Days 21 | If less than one day hr. min. 20

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired messenger

11. Industry or business Custom House

FATHER
12. Name Zepheniah Aulabaugh
13. Birthplace Penna.

MOTHER
14. Maiden Name Annie Lotshaw
15. Birthplace Penna.

16 (a) Informant Mrs. Mary Aulabaugh.
(b) Address 3013 Brighton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1943 (Month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director Robt. S. Little
(b) Address 7700 Edmondson Ave.

19 APR 8 — 1943 (Date received by registrar) (b) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 7 1943 at 6.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1- 1942 to Apr 7 1943, and that I last saw h alive on Apr 6 1943.

Immediate cause of death Carcinoma of Urinary Bladder — Duration July 1942

Due to —

Due to Chr. Interstitial Nephritis — Duration 1937

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Brown

Address 1663 W. North Ave Date signed 4/9/43

YB 186

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03019

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03019
CERTIFICATE OF DEATH 83a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 Mosher Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Mosher Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Holley

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-0034

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April, 19, 1886

8. AGE: Years	Months	Days	If less than one day
56	11	17	hr. min.

9. Birthplace St. Mary's Co., Md
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Charles Holley
13. Birthplace Md.

MOTHER
14. Maiden Name Sallie
15. Birthplace Md.

16 (a) Informant Mr. Albert Holley
(b) Address 1012 Mosher St.

17 (a) Burial (b) Date thereof 4-9-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) APR 8 1943 (b) Washington Williams, M.D.
Registrar
VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH April 6, 1943 19 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1943 to April 6 1943.
and that I last saw him alive on April 6 1943.

Immediate cause of death: Uremia
Due to: Cerebral Hemorrhage
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: one day; one day

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. J. Woolridge M.D.
Address 703 W. Lafayette Ave Date signed 4-7-43

Please write as especially important. Typewriter: please write the causes of death clearly and legibly.

G 63020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

G 63020 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 South Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTHA CAIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/24/

8. AGE: Years	Months	Days	If less than one day hr.	min.
4	3	1?		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Cain
13. Birthplace Fla

MOTHER
14. Maiden Name Mary Roberts
15. Birthplace S. C.

16 (a) Informant Walter Cain
(b) Address 904 S Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.P.Co Md.

18 (a) Funeral director Isaiah R Brumfield
(b) Address 1084 W Montgomery Street

19 (a) [illegible] Washington Williams M.D.

APR 8 1943

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 12 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Strangulation and Smothering — Duration

Due to

Due to

Other Conditions Rape (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 4-6-43 at M
(c) Where did injury occur? 925 S. Fremont ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury manual strangulation

23. Signature H. L. Wollamsheim M.D. Medical Examiner

Date signed 4-7-43

G 03021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

G 03021
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Genl Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Y Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Snowden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
78				

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Jane Strainge
(b) Address 705 Y alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-43 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Monument St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6 APR 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Graham M.D. (Medical Examiner)
Date signed April 4 1943

G 03622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

G 03022
Registered No.

correct age is especially important. Physicians: please write the cause of death clearly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 S. EAST AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 E. EAST AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES E. ROBIER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife MARY ROBIER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 23 1855

8. AGE: Years	Months	Days	If less than one day
88	0	13	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation RETIRED LABORER
11. Industry or business

FATHER
12. Name BENJAMIN ROBIER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name KATHERINE McDONELL
15. Birthplace BALTO. MD.

16 (a) Informant FLORENCE MORTON (DAUGHTER)
(b) Address 308 S. EAST AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 9/43 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. E.T.

18 (a) Funeral director Tilly and Zeiler INC.
(b) Address 403 E. MOSHER ST.

19 (a) (Date received by registrar) APR 8 1943 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 5 1943, at 11/55 PM.

21. I certify that death occurred on the date above stated, that I attended deceased from March 1 1943 to 4/5 1943, and that I last saw h[illegible] alive on 4/5 1943.

Immediate cause of death: coronary occlusion. — Duration: 10 days.

Due to: generalized arteriosclerosis

Due to: senility

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank L. Mauer M D
Address 3333 East Ave. Date signed 4/7/43

Spec.—1-13-39—M&T—500 Blks.

G 03023 HEALTH DEPARTMENT—CITY OF BALTIMORE G 03023

CERTIFICATE OF DEATH. 927

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2924 Woodland Ave (St.) WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice S. McConnell

(a) RESIDENCE No. 2924 Woodland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alan

6 DATE OF BIRTH (month, day, and year): Apr 8. 1886

7 AGE: 56 Years 11 Months 30 Days 24 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Reading Pa

PARENTS

10 NAME OF FATHER: Charles H. Frost

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia

12 MAIDEN NAME OF MOTHER: Sarah Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Philadelphia

14 Informant (Address): Alan McConnell 2924 Woodland Ave

15 APR 8 1943 Huntington Avenue Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7 1943

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1942 to April 7 1943

that I last saw h alive on April 6 1943

and that death occurred, on the date stated above, at 7-30 P. M.

The CAUSE OF DEATH* was as follows:

Hypertensive Paralysis

(duration) yrs 3 mos da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Joseph Gold M. D.

1943 (Address) 811 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 4-9 1943

20 UNDERTAKER: [illegible]

ADDRESS: 1211 Eutaw Pl

TION is very important. See instructions on back of certificate.

G 03024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92 D

G 03024 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2416 Woodbrook ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Govanstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 2416 Woodbrook ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Annie K

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Private Family

FATHER 12. Name William Thomas

13. Birthplace Md.

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Annie Thomas

(b) Address 2416 Woodbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (Month) (Day) (Year)

(c) Cemetery or crematory Arbutus Cem

Location Md

18 (a) Funeral director Geo. H. Kelson

(b) Address 1303 Pierpont St

19 (a) APR 8 1943 (Date received) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5- 1943 at 11 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1943 to 4-5 1943, and that I last saw h- alive on 4-5 1943

Immediate cause of death Chronic Valvular Heart Disease

Duration 1 year

Due to

Due to

Other Conditions The woman was found dead

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lyon E. Carnage M. D.

Address 1616 N. Mount St Date signed 4-5-43

VS 3

correct age is especially important. Physicians: please write the words or death clearly and legibly.

G 03025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

G 03025
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2817 Matthews St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Matthews St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Magdalene E. Morris

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louis L.
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct 4 1843

8. AGE: Years 49 | Months 6 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Louis Schlickenmaier
13. Birthplace Balto.

MOTHER
14. Maiden Name Rosa L. Franz
15. Birthplace Germany

16 (a) Informant Louis L. Morris
(b) Address 2817 Matthews St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Mark E. Powell
(b) Address 7110 Belair Rd

19 (a) Apr 8 1943 (b) Huntington Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943 at 9.17 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 15 1940 to April 6 1943.
and that I last saw her alive on April 6 1943

Immediate cause of death
Cerebral Hemorrhage
Due to Ventricular Fibrillation

Due to Hypertensive Cardio-vascular disease

Other Conditions Renal Calculi —
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

Duration
5 days
2 yrs
— ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr Henry F Lazzozzo
Address 5275 York Rd Date signed 4-7-43

FURNISH WHITE PAPER COPY. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age in each case. Be sure to give correct age is especially important.

G 03026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58E

G 03026
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Hurley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose E. Jacobson

3 (b) If veteran, name war

3 (c) Social Security Account No. 389-07-3548

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/1

8. AGE: Years 42 | Months | Days | If less than one day: hr. min.

9. Birthplace Dublin, Ireland (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business

FATHER
12. Name Morris B. Jacobson
13. Birthplace Russia

MOTHER
14. Maiden Name Lyba
15. Birthplace Germany

16 (a) Informant Nathan Weiner
(b) Address 2612 Hurley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location

18 (a) Funeral director Joseph Levine Inc
(b) Address 1439 E. Balto St

19 (a) (Signature of registrar) Registrar
APR 8 - 1943
Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1943 to April 7 1943, and that I last saw her alive on April 7 1943

Immediate cause of death
Uremia - Anuria
Due to Ac. Nephritis
Due to
Other Conditions Acute Rheumatic Fever - Rheumbo Cytopenia -
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Kaye M.D.
Address Sinai Hosp - Balto Date signed 4-9-43 M. D.

2401 W North

G 03027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 03027

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1718 N. Payson ST

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town BALTO (If outside city or town limits, write RURAL and give town)

(d) Street No. 1718 N Payson ST (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME SARAH SHAPIRO

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife ABRAHAM

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day: hr	min
59				

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business

FATHER 12. Name ELLIS DORMAN

13. Birthplace RUSSIA

MOTHER 14. Maiden Name ROSE LONDON

15. Birthplace RUSSIA

16 (a) Informant ABRAHAM SHAPIRO

(b) Address 1718 N Payson ST

17 (a) BURIAL (Burial, cremation, removal) (b) Date thereof 4-9-43 (month) (day) (year)

(c) Cemetery or Crematory Loudoun Park to Carry

Location Rosedale

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto ST

19 (a) (Date rec'd by registrar) (b) Registrar

APR 8 - 1943 Hunting for Illegible

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7-43 19 at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 19 43 to April 7 19 43, and that I last saw h[illegible] alive on April 7 19 43.

Immediate cause of death:

Coronary Thrombosis — Duration 4 hours

Due to Hypertension Arteriosclerotic Dem — ??

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harley J. Lurie

Address 2401 W. North Ave Date signed 4/8/43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 03028

G 03028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Aves
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL, and give town)
(d) Street No. Greenspring & Belvedere
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Berger

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Married

6 (b) Name of husband or wife Simon Berger

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69				

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hebrew Benevolent
(b) Address

17 (a) Burial (b) Date thereof 4-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Virginia Park Rd

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St.

19 (a) ..... (b) .....
(Signature of registrar) (Registrar)

APR 8 1943

VS 10a

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7- 1943. at 11 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 2-24 1943. to 4-7 1943. and that I last saw her alive on 4-7- 1943.

Immediate cause of death
Bronchopneumonia

Duration

Due to

Due to

Other Conditions Emphysema

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy:

PHYSICIAN
(Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Edmund Levee M. D.

Address Devondale Date signed

Typewrite or print legibly with permanent black ink. Do not write above or below lines. Be sure to answer all questions.

G 03029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a G 03029 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 686 Sarahan St
(b) Street address Balto md
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto md
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1106 Shields St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Flemming Rich
3 (b) If veteran, name war 1st world war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Martha Rich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1943
8. AGE: Years 50 Months Days If less than one day hr. min.
9. Birthplace Middlesex Co Va
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Rich
13. Birthplace Washington D C

MOTHER
14. Maiden Name Emma Jackson
15. Birthplace Middlesex Co Va

16 (a) Informant Wife
(b) Address 1110 E Shields St
17 (a) Burial
(Burial, cremation, or removal) (b) Date thereof April 8 1943
(month) (day) (year)
(c) Cemetery or crematory National Cem
Location
18 (a) Funeral director Miss Katie P. Williams
(b) Address 322 N. Somerset St
19 (a) (Date received by local registrar) APR 8 1943 Hunting or Millersville Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943. at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943. to April 4 1943. and that I last saw him alive on 4-2- 1943.

Immediate cause of death: Cardiac Dilatation — Duration
Due to: Cardio Vascular Renal Disease
Due to: Chron. Gastritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature Wm R Boykin M. D.
Address 1131 Edmondson Date signed April 8 1943

VS 2

G 03030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901. Vine st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos.) about 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801. Vine st. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Preston Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	Col.	Widowed	Not Known	years

7. Birth date of deceased (mo., day, yr.) Mar 1st 1871.

8. AGE: Years	Months	Days	If less than one day
72	1	2	hr. min.

9. Birthplace Aberdeen Md. (Town, county and state)
10. Usual Occupation Domestic.
11. Industry or business House work.

MOTHER FATHER

12. Name John Wesley
13. Birthplace Maryland
14. Maiden Name Louisa Harrison
15. Birthplace Hartford Co. Md.

16 (a) Informant Henrietta Jones.
(b) Address 109 Bruce st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Wm Katie R McGuire
(b) Address 3229 W. Lakeside Ave

19 (a) APR 8 1943 (Date received by Registrar) Huntington Hall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1943 at 0230 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28th 43 to April 3rd 43. and that I last saw her alive on April 3 1943.

Immediate cause of death	Duration
Acute myocarditis	1 week
Due to Interstitial Nephritis	2 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (Street or R.F.D. No.) (City) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury

23. Signature J. T. Eugene MD
Address 532 N. Arlington Ave Date signed April 7th

VS 3

Guilta

G 03031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

G 03031 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 Hillman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Hillman (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Guilta

3 (b) If veteran, name war | 3 (c) Social Security Account No. 214-18-9379

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna C. Lamp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 1900

8. AGE: Years	Months	Days	If less than one day: hr.	min.
42	7	5		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Assembler
11. Industry or business

FATHER
12. Name John Guilta
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Dietz
15. Birthplace Germany

16 (a) Informant John Guilta
(b) Address 1013 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9. 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Redifeld
(b) Address 917 Greenmount Ave

19 (a) [illegible] 8 1943 (b) Registrar

VS 180 Dr Sidney Hartington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to April 6 1943, and that I last saw h alive on 19

Immediate cause of death Coronary thrombosis — Duration 1 day

Due to

Due to

Other Conditions Chronic endocarditis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverfield M. D.
Address 714 E. Preston Date signed

G 03032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

G 03032 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Admitted 9/19/42
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Wood Heights Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME HARRY LEROY KELLER

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. 227-01-1288

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Theresa Keller
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	4	1		

9. Birthplace Woodbine, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Am. Realty Supplies

FATHER
12. Name John W. Keller
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jane Gorsuch
15. Birthplace Md.

16 (a) Informant Records, U.S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-43. (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frad Rd.

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Rd.

19 (a) (Date received by Registrar) (b) [illegible] Registrar

APR 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1943, at 9:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19, 1942 to Apr. 7, 1943 and that I last saw him alive on Apr. 7, 1943.

Immediate cause of death: Cachexia and inanition; atelectasis & cavitation rt. lung; plural adhesions & hydrothorax rt. — Duration: Unk.
Due to
Due to Bronchogenic carcinoma rt. main bronchus — 1 yr.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 10/2/42-Bronchoscopy
Major findings of operation: Bronchogenic carcinoma, right.
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? -
(Specify type of place)
(e) Means of injury -

23. Signature W S Bryan M. D.
Address Baltimore, Md. Date signed 4/7/43

VS 104

Va-12116

G 03033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03033 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 91
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5215 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Allen Christopher

3 (b) If veteran, name war: World War I | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 - 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	8	13		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Christ
(b) Address 626 Bartlett Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd

18 (a) Funeral director A. Lee Adler
(b) Address 1644 York Rd.

19 (a) APR 8 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5-1943, at 5:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature Howard J. Mulder Medical Examiner M.D.
Date signed 4-6-43

VS 6

G 03034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163 H

G 03034 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Kimble Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha L Siegelman

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife: Capt George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 16 1917

8. AGE: Years	Months	Days	If less than one day
25	6	22	21 hr. min.

9. Birthplace: Avon City Pa (Town, county and state)
10. Usual Occupation: Housewife
11. Industry or business:

MOTHER / FATHER
12. Name: Thos Johnson
13. Birthplace: Avon City Pa
14. Maiden Name: Lona Boyle
15. Birthplace: Pa

16 (a) Informant: Capt Geo Siegelman
(b) Address: 3819 Kimble Rd
17 (a) Burial, (b) Date thereof 4/8/43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Oakland
Location: Mahopac, N.Y.
18 (a) Funeral director: Wilhelm Bros Inc
(b) Address: 1219 Park St
19 (a) APR 8 1943 Walter Williams, Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943 at 6 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an operation thereon and from the evidence (Autopsy / Inquiry) obtained by said inquiry & an operation (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Asphyxiation due to carbon monoxide. — Duration

Due to

Due to

Other Conditions: Pregnancy - 6 mos.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: April 7 1943 at afternoon
(c) Where did injury occur: 3819 Kimble Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Inhaled gas from stove

23. Signature: Robert Blackburn M.D. Medical Examiner
Date signed: April 7 1943

VS 6

03035
430997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

G 03035
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2325 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jack Rallo

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife MARY
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 2-25-88

8. AGE: Years	Months	Days	If less than one day
61	1	11	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Jerome Rallo
13. Birthplace Italy

MOTHER
14. Maiden Name Louise Giordano
15. Birthplace [illegible], Italy

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 APR 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 6 1943, at 3:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 6 1943, to Apr 6 1943, and that I last saw HIM alive on APR 6 1943.

Immediate cause of death: Carcinoma of the Lung — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Russell A. Nelson M.D.
Address Johns Hopkins Hosp Date signed Apr 6 43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03036 ✗✓ G 03036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157 H

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Adm. 4/5/43-9:00 A.M.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ruxton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rolling Ridge Apts.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country .....

3 (a) FULL NAME JAMES O. BLYTHE III

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	-

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/17/42

8. AGE: Years	Months	Days	If less than one day
INFANT	6	2	20 hr. min.

9. Birthplace St. Petersburg, Fla.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business -

FATHER
12. Name James O. Blythe, Jr., D.D.S. (PHS)
13. Birthplace Ind.

MOTHER
14. Maiden Name Persis Allen
15. Birthplace Conn.

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8 43 (month) (day) (year)
(c) Cemetery or crematory .....
Location Evergreen Annex

18 (a) Funeral director A. Bailey Slade
(b) Address 4907 York Road

19 (a) Apr 8 1943 Huntington Hollins, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1943, at 11:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5, 1943 to Apr. 7, 1943, and that I last saw him alive on Apr. 5, 1943

Immediate cause of death Shock following operation — Duration 4/6

Due to Hydro-ureter left, congenital Prob. (with hydronephrosis; occlusion of ureter, complete, congenital, left. — from birth

Other Conditions -

(Include pregnancy within 3 months of death)

Date of operation 4/6/43 Major findings of operation: Ureterectomy partial left. As above

Autopsy: --

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury U. S. Navy
23. Signature ..... M. D.
Address Baltimore, Md. Date signed 4/7/43

No. 45288

G 03037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 03037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 Oakdale Rd.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Oakdale Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Wright Jacobsen

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Grace G. Jacobsen
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 13 1867

8. AGE: Years	Months	Days	If less than one day
75	8	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Tea Importer
11. Industry or business Tea

FATHER
12. Name John J. Jacobsen
13. Birthplace Md.

MOTHER
14. Maiden Name Rosalie Gill
15. Birthplace Md.

16 (a) Informant Mr. Eric Jacobsen (son)
(b) Address 121 Upnor Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director Sherwood Memorials
(b) Address 108 W Monument.

19 (a) Filed by registrar APR 8 1943 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1943 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to April 7 1943 and that I last saw him alive on April 7 1943.

Immediate cause of death: Coronary Thrombosis — Duration: Sudden

Due to

Due to

Other Conditions: Severe Hemorrhage since Dec 29-42
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 105 Med Arts Date signed April 8/43

G 03038 — G 03038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Booth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: C.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1876

8. AGE: Years 66 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Rev Thomas Booth
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Booth
15. Birthplace Maryland

16 (a) Informant Mrs. Augusta Chrisfield
(b) Address 1534 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lucy H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) APR 8 - 1943 (b) Huntington Williamsville W.Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6/43 19 , at 12 o'clock M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1943 to 4/6 1943 and that I last saw her alive on 4/6 1943.

Immediate cause of death: Cerebral accident — Duration: 24 h

Due to: HBP — 1 year

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Matt M. D.
Address B. C. H. Date signed 4/8/43

Please write clearly with pen and ink. Physicians: please write the cause of death correctly and legibly. Accurate and correct age is especially important.

G 03039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03039 Registered No. 122 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 Lock Raven Rd. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Woods Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1943

8. AGE: Years	Months	Days	If less than one day
	1	28	hrs. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Infant

11. Industry or business

MOTHER / FATHER

12. Name William Henry Woods Sr.
13. Birthplace Balto.
14. Maiden Name Estella Martin
15. Birthplace Balto.

16 (a) Informant Mrs. Wm. H. Woods
(b) Address 2822 Lock Raven Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director Harris Sondheim & Son
(b) Address 1702 Eutaw Place

19 (Signature of Registrar) 4/8/1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1943, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7-1943 to 4-7-1943 and that I last saw him alive on 4-7-1943.

Immediate cause of death: Cardiac & Respiratory failure

Duration
1 da.
3 da.

Due to Intestinal obstruction

Due to Malnutrition

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of Place)
(e) Means of injury

23. Signature William C. Lasser M.D.
Address Mercy Hospital Date signed 4-7-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 03040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 03040 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Stepney Run
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 Augusta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomasine Huggins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17 1942

8. AGE: Years	Months	Days	If less than one day
	3 mos	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Matthews
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Annie Huggins
15. Birthplace S. Carolina

16 (a) Informant Mother
(b) Address 825 Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co. Md.

18 (a) Funeral director Byrd & Mangold & Knight
(b) Address 721 Augusta St

19 (a) [illegible] (Date rec'd by registrar) (b) Huntingtown Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 7 1943, at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 3 1943, to Apr. 7 1943, and that I last saw him alive on Apr. 7 1943.

Immediate cause of death Bronchopneumonia — Duration 2 days.

Due to Bronchiolitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph W. Kibbe M. D.

Address Sydenham Hosp. Date signed 4/7/43

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G 03041 ✓ G 03041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3566 Poole St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3566 Poole St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John S. W. Mason.

3 (b) If veteran, name war —
3 (c) Social Security Account No. 705-10-8917

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Amanda M. Mason
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1872

8. AGE: Years	Months	Days	If less than one day
70	3	5	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Tobacconist.
11. Industry or business Mt. Vernon Mills

FATHER
12. Name John Mason.
13. Birthplace Md.

MOTHER
14. Maiden Name Lula ?
15. Birthplace Md.

16 (a) Informant Amanda M. Mason.
(b) Address 3566 Poole St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville, Md.

18 (a) Funeral director Ehrenfeld & Donovan
(b) Address 3615-17 Eutaw Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Mills, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1943 at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11 1943 to Apr 6 1943 and that I last saw h— alive on Apr 4 1943.

Immediate cause of death Coronary occlusion. — Duration 5 yrs.
Due to Cardio-vascular disease
Due to
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irvin Druker
Address 94 Lee Ave. Date signed 4/6/43

Correct age is especially important. Physicians: please write the name of cemetery and agency.

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G 03042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 03042 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 735 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 5-5yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrol F. Russell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife late Virginia T
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1859

8. AGE: Years	Months	Days	If less than one day
84	1	23 23	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired B.40.
11. Industry or business

FATHER
12. Name Unknown Russell
13. Birthplace Unknown

MOTHER
14. Maiden Name Elanor Russell
15. Birthplace Virginia

16 (a) Informant Mrs. Anna R. Moore.
(b) Address 735 W. Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd.

18 (a) Funeral director Henry H. Kirkle
(b) Address 1101 Edmondson Ave.

19 (a) (Date received) APR 8 (b) 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 6 1943 and that I last saw h alive on 19

Immediate cause of death

Coronary Thrombosis — Duration ?

Due to

Due to Cardiac Vascular disease — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Hershman M. D.
Address 735 W. Fayette St Date signed April 7 1943

VS 180

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

03043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83W

G 03043
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, [illegible])
(d) Street No. 1035 N. Central Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Schwartzkopf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William Schwartzkopf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 16, 1879

8. AGE: Years 63 | Months 5 [illegible] | Days 21 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: Michael Buser
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Anna Buchsbaum
15. Birthplace: Baltimore, Md.

16 (a) Informant: Wm. F. Schwartzkopf
(b) Address: 1035 Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location

18 (a) Funeral director: Leonard J. Ruppert
(b) Address: 5305 Harford Rd

19 (a) Add'l [illegible] (Date rec'd by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 8:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to h[illegible] death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert Lee Frater M.D.
Medical Examiner
Date signed April 8 1943

VS 6

G 03044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30 F

G 03044
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Judy Kathleen Smith

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7. 1943

8. AGE: Years	Months	Days	If less than one day
	1	-	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Weldon M Smith
13. Birthplace Md

MOTHER
14. Maiden Name Ruby K Baird
15. Birthplace Md

16 (a) Informant Henry Baird
(b) Address Middle River Md

17 (a) Interment (b) Date thereof 4/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hinton
Location Hinton Md

18 (a) Funeral director Wilkerson & Dorsey
(b) Address 1219 E Pratt St

APR 8 — 1943 (b)
(Date rec'd by Registrar)
Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 5:09 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1943, to April 7 1943, and that I last saw her alive on April 5 1943.

Immediate cause of death Severe anemia — Duration

Due to

Due to

Other Conditions Congenital syphilis
(Include pregnancy within 3 months of death.)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elizabeth B. Schmidt M. D.
Address University Hosp Baltimore Md Date signed 4-7-43

G 03045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 03045

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ dys.

(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2602 Robb St, Baltimore. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Albert Marx Derringer

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Nil	216-03-3595	Male	White	Married

6 (b) Name of husband or wife Mrs. A.M. Derringer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1890

8. AGE: Years	Months	Days	If less than one day
52	5	16	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER

12. Name Henry Derringer

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Adeline Peregoy

15. Birthplace Pennsylvania

16 (a) Informant Hospital Records.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Druid Hill Ave & Mt

18 (a) Funeral director Gallagher & Son

(b) Address 1217 E Fayette St

APR 8 1943 Huntington Williams, M.D. Registrar

(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1943, at 2:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1943 to April 8 1943, and that I last saw him alive on April 8 1943.

Immediate cause of death Cerebro-vascular accident

Due to Hypertensive Cardiovascular disease

Due to

Other Conditions Hypostatic pneumonia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James Douglas Lockard, M.D.

Address Union Memorial Hospital signed 4/8/43.

VS 180

G 03046

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03046

CERTIFICATE OF DEATH 131B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Compton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Compton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin F. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-10-0206

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife (nee Enoch) Catherine E. Smith
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) January 9, 1888

8. AGE: Years	Months	Days	If less than one day
54	2	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Painter at
11. Industry or business Camp Holabird

FATHER
12. Name Columbus Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Frances Wallbager
15. Birthplace Md.

16 (a) Informant Mrs. Catherine E. Smith (Wife)
(b) Address 1005 Compton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A.A. Co., Md.

18 (a) Funeral director A. Edward Evans
(b) Address 1400-02 St. Charles St.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D.

APR 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1943, at 5:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 6 1943, to Apr 8 1943, and that I last saw h[illegible] alive on April 8 1943.

Immediate cause of death: Uremia — Duration: 5 years
Due to: chronic nephritis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip W. Kuntz
Address 3545 Hilton Av Date signed April 8, 1943 M. D.

3047 Square #4 Talbert

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 Registered No. 03047

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found in harbor at Caroline St. Dock
(b) Street address
(c) Hospital or institution: M.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 197 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Talbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace (Town, county, and State)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location PUBLIC CEMETERY APR 8 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) APR 8 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 15 1943, at 9 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions: Coronary arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 3/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 1943 at M
(c) Where did injury occur? Harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? (Specify type of place)
(e) Means of injury drowning

23. Signature H. J. Wallenmaier M.D. Medical Examiner.
Date signed 3-15-43

G 03048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 03048 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Casadel Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Casadel Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen C. Kimmel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward Kimmel
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 23rd 1883

8. AGE: Years	Months	Days	If less than one day
59	9	14 12	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Frederick Gibson
13. Birthplace Philadelphia Pa.

MOTHER
14. Maiden Name
15. Birthplace Philadelphia Pa

16 (a) Informant Mr Edward Kimmel
(b) Address 2001 Casadel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Ave

18 (a) Funeral director John F. Sheehan Son
(b) Address 907 Hollins St.

19. Date received by Registrar 4-8-1943 (b) Registrar Lucille [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1943 at 3 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 7th 1943 to April 5th 1943, and that I last saw h alive on March 7th 1943.

Immediate cause of death

Cerebral Hemorrhage

Due to Chr. Hypertension (duration)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Few hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frederick J. Bentley M.D.

Address April 7-43. Medical Arts Bldg Date signed

G 03049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

Registered No. G 03049

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 The Alameda (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Howard J. Welsh.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Marie A.
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct 15 1887

8. AGE: Years	Months	Days	If less than one day
55	6	2	22 hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Supt. Carroll Park
11. Industry or business Balto City

FATHER
12. Name Patrick R. Welsh
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elizabeth Brandt
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Marie A. Welsh
(b) Address # 2916 The Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.

18 (a) Funeral director C. R. Flemming
(b) Address 4518 Light St

19 (a) 4/8/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 5.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1943, to April 7 1943, and that I last saw h[illegible] alive on April 7 1943.

Immediate cause of death Cancer of Lung & metastases to liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M. D.
Address St. Joseph's Hosp Date signed 4-9-43

VS 3

G 03050 ✓ G 03050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 950 Brooks Lane.
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 950 Brooks Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) FULL NAME BENJAMIN A. KATZENSTEIN, SR.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
--------	None	Male	White	Married

6 (b) Name of husband or wife Flora G. Katzenstein
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1876.

8. AGE: Years	Months	Days	If less than one day
66	6	13/12	hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clothing Mnfgr.
11. Industry or business

FATHER
12. Name Abraham Katzenstein,
13. Birthplace Germany.

MOTHER
14. Maiden Name Matilda Schwartz,
15. Birthplace Germany.

16 (a) Informant Mrs. Flora Katzenstein,
(b) Address 950 Brooks Lane.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom Cem.
Location Baltimore, Md.

18 (a) Funeral director Brid Levenstein & Son
(b) Address 1902 Eutaw Place

19 (a) APR 8 - 1943 (Date received by Registrar) (b) Hunter & Son Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th. 1943, at AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1936, to April 7 1943, and that I last saw h alive on April 7 1943.

Immediate cause of death Gravitated carcinomatosis — Duration 8 Mos.

Due to Carcinoma of splenic flexure of colon — 2½ yrs.

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)
Date of operation April 1941
Major findings of operation: Carcinoma of splenic flexure of colon
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Sheaney M.D.
Address 11 E. Chase St. Date signed

G 03051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 03051 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3807 Woodbine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 Woodbine Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence A. Merritt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John M. Merritt
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) January 21, 1880

8. AGE: Years	Months	Days	If less than one day
63	2	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John W. Reynolds
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Harriett A. Johnson
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Herbert J. Mahle
(b) Address 5014 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8,1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director E. W. Hammond
(b) Address 1003 W. Baltimore St.

19 (a) (Date rec'd by Registrar) APR 8 - 1943 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to 4/6/43 and that I last saw h[illegible] alive on 4/6/43.

Immediate cause of death Coronary Occlusion Duration Immediate Death

Due to Arterio-sclerosis

Due to

Other Conditions Chr. Myocarditis Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Harper M. D.
Address 5201 Gwynn Oak Ave. Date signed

Vs 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03052

BALTIMORE CITY HEALTH DEPARTMENT

G 03052 Registered No.

03052 ✓ G 03052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. MT 80695

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1839 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-8942

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1882

8. AGE: Years	Months	Days	If less than one day
60	10	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Benjamin Roberts
13. Birthplace Wales

MOTHER 14. Maiden Name Maggie Smith
15. Birthplace Mass.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 10/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director George L. Fahnestock
(b) Address 2106 Eutaw Pl Ave

19 (a) APR 9 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7-43 19 at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6-43 19 to 4-7-43 19 and that I last saw him alive on 4-7-43 19

Immediate cause of death	Duration
Cirrhosis of liver	2
Ateriosclerotic heart	3
Due to disease	
Due to	
Other Conditions Fibroadenoma of breast (Include pregnancy within 3 months of death)	2

Date of operation
Major findings of operation:
of autopsy: Not taken

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Cross Jr. M. D.
Address B. C. H. Date signed 4-7-43

VS 280

03053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03053
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 Crossland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Crossland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen Kaelan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 6th 1869

8. AGE: Years	Months	Days	If less than one day
73	11	2	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Kaelan
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth McLaughlin
15. Birthplace Ireland

16 (a) Informant Mrs Russell Brisk
(b) Address 3600 Crossland Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/12/43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

APR 9 – 1943 (Date rec'd by registrar) Huntington Williamsport

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1943 at 2.30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 1942 to April 8 1943 and that I last saw h[illegible] alive on April 7 1943.

Immediate cause of death

Cardiac Insufficiency — Duration: ?

Due to Hypertensive Disease — Duration: ?

Due to

Other Conditions Arteriosclerosis — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laurence Lam M.D.
Address 176 E Monument **Date signed** 4/8/43

correct age is especially important. Physicians please write out words, do not use abbreviations.

03054 T.H 80274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 03054 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 2423
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Baltimore~~ Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Williams St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Sauers

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widower

6 (b) Name of ~~husband or~~ wife Barbara Ann Sauers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1865

8. AGE: Years	Months	Days	If less than one day
78	3 2	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Micheel Sauers
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Kerell
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/12/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director Wellmen Cook Inc
(b) Address 1600 St. Paul St

19 (a) APR 9 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8- 1943, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10- 1943, to 4-8- 1943, and that I last saw him alive on 4-8- 1943.

Immediate cause of death	Duration
Generalized arteriosclerosis	yrs
Due to chronic cystitis	yrs
Due to benign prostatic hypertrophy	yrs
Other Conditions Cancer rectum	yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schneider M. D.
Address Balto. City Hosp Date signed 4-8-43

correct age is especially important. Physician: please write in ages in words as well as figures.

03055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 03055

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for the Aged of the Methodist Church
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Kimble

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband Leonard Kimble
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18th 1865

8. AGE: Years	Months	Days	If less than one day
77	11	19	hr. min.

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation Inmate
11. Industry or business Home for the Aged

FATHER
12. Name Henry Birge
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Richer
15. Birthplace Md.

16 (a) Informant Records Home for the Aged of the Methodist Church
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) APR 9 — 1943 (Actual burial by cremation) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1943, 6:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 6 1943, and that I last saw h[illegible] alive on April 6 1943.

Immediate cause of death
Chronic Nephritis — Duration 3 yrs.
Due to Arteriosclerosis — 3 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davis M. D.
Address 800 W Saratoga Date signed 4-7-43

03056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 03056
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3349½ Falls Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Edward Kerns (KERNS)

3 (b) If veteran, name war

3 (c) Social Security Account No. 232-26-1238

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Elizabeth Kerns.
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Feb 16 1888

8. AGE: Years	Months	Days	If less than one day
54 55	1	22	hr. min.

9. Birthplace Virginia. (Town, county, and state)
10. Usual Occupation
11. Industry or business Baltimar Corporation

FATHER
12. Name Fitch Lee Kerns.
13. Birthplace Va.

MOTHER
14. Maiden Name Josephine Thompson.
15. Birthplace Va.

16 (a) Informant Elizabeth Kerns.
(b) Address 3349½ Falls Road.

17 (a) Burial (b) Date thereof April 11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Upperville,
Location Virginia.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Pleasant Ave.

1943 APR 9 - 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1943, at 8:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25, 1943, to April 8, 1943, and that I last saw h(im)(er) alive on April 8, 1943.

Immediate cause of death Heart Failure — Duration 14 days

Due to Cardiac decompensation

Due to Hypertension (malignant)

Other Conditions Pulmonary edema, uremia, anuria, tetany, pregnant uterus (Important conditions contributing to death but not related to immediate cause given)

Date of operation not operated

Major findings of operation

of autopsy 4-8-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Marmade M. D.
Address Sinai Hospital Date signed 4-9-43

(over)

VS 8

Correct all items especially important. If physician, please write out causes of death clearly and legibly.

G 03057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 03057 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4412 Marble Hall Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4412 Marble Hall Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARIE KATHERINE IRWIN COURTENAY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	212-16-4857	female	white	Married

6 (b) Name of husband or wife Edward Howard Courtenay
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 31, 1901

8. AGE: Years	Months	Days	If less than one day
42	0	6	hr. min.

9. Birthplace Pittsburgh, Pa. (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business Grafflin Bag Co.

FATHER
12. Name Wm. H. Irwin
13. Birthplace Pa.

MOTHER
14. Maiden Name Belle Jane Blew
15. Birthplace Pa.

16 (a) Informant Mrs. Tillie Irwin Shields
(b) Address 4412 Marble Hall Rd., Northwood

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory Allegheny Cem.
Location Pittsburgh, Pa.

18 (a) Funeral dirpctor Wm. J. TICKNER & SONS
(b) Address , Md.

19 (a) APR 9 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1943, at 2:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1943 to 4-7 1943 and that I last saw her alive on 4-7 1943.

Immediate cause of death Carcinoma Breast — Duration

Due to metastases

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Edward Jr. M.D.
Address 36 York Date signed 4/7/43

G 03058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 03058
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4800 Coleherne Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4800 Coleherne Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET SINGER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1888

8. AGE: Years	Months	Days	If less than one day
55	1	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Henry Singer
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Oertel
15. Birthplace Germany

16 (a) Informant Miss Anna Singer
(b) Address 4800 Coleherne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory First United Evangel
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Hunting Fox Williams, M.D. Registrar

APR 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 6, 1943, 3.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1943 to 4-6 1943 and that I last saw h alive on 4-6 1943

Immediate cause of death: Acute Cardiac Failure — Duration 1da

Due to Carcinoma Left Breast with metastasis — 2yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lancaster, M.D.
Address 609 Washington Blvd Date signed 4/7/43

G 03059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47F

G 03059 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. Liberty St. Extended (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman W. Hess

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Reba
6 (c) If alive, give age 18 years
7. Birth date of deceased (mo., day, yr.) Sept 23 1924

8. AGE: Years	Months	Days	If less than one day
18	6	16 1/2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Shoe factory
11. Industry or business

FATHER
12. Name David Hess
13. Birthplace Md.

MOTHER
14. Maiden Name Bernice Delty (?)
15. Birthplace Carroll Co

16 (a) Informant Reba Hess
(b) Address Westminster Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12-43 (month) (day) (year)
(c) Cemetery or crematory Westminster Cemetery
Location Westminster Carroll Co

18 (a) Funeral director W. Bankard + Son
(b) Address Westminster Md.

19 (a) APR 9 - 1943 (Date rec'd by Reg.) Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1943, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1943, to April 8 1943, and that I last saw h.. alive on April 8 1943.

Immediate cause of death: Obstruction of bronchus — Duration
Due to: Lymphosarcoma
Due to: Mediastinum
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Generalized lymphosarcoma

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Herman Williams M. D.
Address Maryland General Date signed April 8 1943

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and

G 03060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 20

G 03060
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days) 7d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Finksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. RFD #1 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Alice Green

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Wh. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Harry D Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1900

8. AGE: Years 42 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace Carroll Co (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Nathan Pittinger
13. Birthplace Carroll Co

MOTHER
14. Maiden Name Fannie Ecker
15. Birthplace Carroll Co

16 (a) Informant Harry D. Green
(b) Address Reisterstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12-43 (month) (day) (year)
(c) Cemetery or crematory Reisterstown Cemetery
Location Reisterstown Carroll Co.

18 (a) Funeral director W. Bankard & Son
(b) Address Reisterstown Md.

19 (a) APR 9 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1943 to 4-9 1943, and that I last saw h[illegible] alive on 4-9 1943.

Immediate cause of death Uremia — Duration

Due to Systemic + Cerebral

Due to Hypertension Chronic Interstitial Nephritis, & involvement of Retinae

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-3-43

Major findings of operation: Hypertension Nephritis Interstitial Nephritis, & involvement of Retinae

Date of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Shepard L. M. D.
Address St Joseph's Hosp. Date signed 4-9-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

M. D. S. 1935-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 03061

CERTIFICATE OF DEATH

937 G 03061

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Whatcoat St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie L. Hill

(a) Residence: No. 1340 Whatcoat St., 15-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Briscoe John Hill

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leonardtown Maryland

FATHER

13. NAME Henson Briscoe

14. BIRTHPLACE (city or town) (State or country) Leonardtown Maryland

MOTHER

15. MAIDEN NAME Lassie Thomas

16. BIRTHPLACE (city or town) (State or country) Leonardtown Md

17. INFORMANT Roberta Lee (Address) 1716 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Cemetery Date April 10. 1943

19. UNDERTAKER J. A. Brooks (Address) 1463 N. Carey St

20. FILED APR 9 - 1943 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7- 1943

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1942 to April 7 1943

I last saw h[illegible] alive on April 6 1943 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	1939
Other contributory causes of importance:	
nephritis	25 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. LeCompte M. D.

(Address) 639 N. Carey St

G 03062 ✓ X G 03062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 64 20 Reisters town Road
(c) Hospital or institution: Mount Hope Retreat.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 18 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos. 18 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Rhode Island (b) County
(c) City or town Pawtucket. (If outside city or town limits, write RURAL and give town)
(d) Street No. 90 Center St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rose B. Redihan.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female. 5. Color or race: White. 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 80 Months Days If less than one day hr. min.

9. Birthplace Providence, Rhode Island. (Town, county, and state)

10. Usual Occupation House Keeper.

11. Industry or business

FATHER
12. Name John Redihan
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Mc Govern.
15. Birthplace Ireland.

16 (a) Informant Friends - Mrs Hope
(b) Address city

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-43 (month) (day) (year)
(c) Cemetery or crematory Pawtucket
Location Pawtucket - R. I.

18 (a) Funeral director Silvernail Memorial Co.
(b) Address 1080 Main Ave.

19 (a) Filed (by registrar) (b) Registrar

APR 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1943. at 9 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1943. to April 8 1943. and that I last saw her alive on April 8, 1943.

Immediate cause of death General Arteriosclerosis ? with left femaral Phlebitis for three weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James P. Magner M. D.
Address 3326 Eastern Ave. Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

G 03063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 03063 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 So. Duncan st
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 232 So Duncan st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME STANISLAW JAMES OLSZEWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-0623

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ wife Bronislawa Olszewski

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 49 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Poland. (Town, county, and state)

10. Usual Occupation Rigger

11. Industry or business General Ship Repair Co.

FATHER
12. Name Peter olszewski
13. Birthplace Poland

MOTHER
14. Maiden Name Antonina Filipowicz
15. Birthplace Poland

16 (a) Informant Bronislawa Olszewski
(b) Address 232 So Duncan st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rozary
Location Baltimore md

18 (a) Funeral director George A Weber
(b) Address 705 So Ann street

19 (a) [illegible] Registrar

APR 9 1943

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1943, at 5.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1943, to April 8 1943, and that I last saw ~~her~~ alive on April 6 1943.

Immediate cause of death: Acute Lobar Pneumonia (primary) — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 700 N. Bath Date signed 4/9/43 M. D.

43314

G 03064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

✓ G 03064 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 N. Arlington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ora Whittington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-01

8. AGE: Years	Months	Days	If less than one day
41	5	4	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Thomas Brunderson
13. Birthplace ?

MOTHER
14. Maiden Name Emma ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Bradley Ave

19 (a) (Date received by registrar) (b) Registrar

APR 9 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

45

20. DATE OF DEATH April 6 1943 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 1943 to April 6 1943 and that I last saw her alive on April 6 1943

Immediate cause of death: arteriosclerotic nephritis — Duration: ?

Due to

Due to

Other Conditions: hypertensive cardiovascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J E Pearson Jr. M.D.

Address JHH Date signed 4-7-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03065 T.N 69151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 03065 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2220 N. Howard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Rayfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 10, 1916

8. AGE: Years	Months	Days	If less than one day
26	11	26	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George
13. Birthplace ?

MOTHER
14. Maiden Name Drue Douglas
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9 1943 (Death)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
APR 9 1943 Blantey and

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1943, at 5:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2-41 19 . to 4-6 1943, and that I last saw h[er] alive on 4-6 1943.

Immediate cause of death: Bronchopneumonia — Duration: 3 days

Due to:

Due to:

Other Conditions: Arthrosmember Regurgitation & Gonorrhea — 2 years
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: Fracture

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature Paul Mattina

Address B. C. H. Date signed 4/7/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

G 03066
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 Pelham Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha F. Geoghegan (Martha Frances Geoghegan)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Augustus Geoghegan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1866

8. AGE: Years	Months	Days	If less than one day
76	10	24	hr. min.

9. Birthplace Taylor's Island, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. Geoghegan
13. Birthplace Md.

MOTHER
14. Maiden Name Susan A. Barnes
15. Birthplace Md.

16 (a) Informant Mr. G. F. Viehmeyer
(b) Address 2404 Pelham Ave.

17 (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 4/9/43 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1943, at 11:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 1943, to Apr 8 1943, and that I last saw h[illegible] alive on Apr 8 1943.

Immediate cause of death
Pulmonary Infarction
Rt. Middle Lobe
Due to Cardiac Hypertrophy
Due to Hypertensive Cardiac irregular disease

Duration
17 days
3 years

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Pulmonary Infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert M. Sachs M. D.
Address Sinai Hospital Date signed 4/9/43

G 03067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 03067

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Glen Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Glen Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Sheehy

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War I	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Viola H. Sheehy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1881

8. AGE: Years	Months	Days	If less than one day
61	11	16	hr. min.

9. Birthplace Ireland (City, county, and state)
10. Usual Occupation Retired Captain
11. Industry or business U.S. Army

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Viola H. Sheehy
(b) Address 3200 Glen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery or crematory Balto. Natl. Cem.
Location Balto Md

18 (a) Funeral director Wm J Tinkham & Son
(b) Address North & Penna Ave

19 (a) 4/9/43 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943, at 2:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic myocardial degeneration

Due to

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed April 9 1943

G 03068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1634

G 03068 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Chatham Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Wise

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Abraham Wise

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) ——— 1889

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Aaron Jacobs
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Jacobs
15. Birthplace Russia

16 (a) Informant Abraham Wise
(b) Address 3701 Chatham Road

Burial (Burial, cremation, or removal) (b) Date thereof 4-11-43 (month) (day) (year)

(c) Cemetery Baltimore Hebrew Cong.
Location Baltimore Md.

18 (a) Funeral director Jack Levin Jr.
(b) Address 1439 E. Baltimore St

19 (a) 4/9/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8- 1943 at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation — Duration

Due to Illuminating Gas

Due to

Other Conditions Despondent

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-8-43 at 4 A M
(c) Where did injury occur? 3701 Chatham Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation - Gas range

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 4-9-43

VS 6

G 03069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G 03069
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Monument
(c) Hospital or institution:
SINAI HOSPITAL 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4468 PR. Hgts. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Day

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mrs. Ida Taylor
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Latvia

16 (a) Informant
(b) Address 4668 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1423 E. Balto.

19 (a) 4/9/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9/ 1943, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to April 9 1943, and that I last saw her alive on April 8 1943

Immediate cause of death Pneumonia & Anemia — Duration

Due to Carcinoma of breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac R. Gallobram M. D.
Address Sinai Hospt Date signed 4/9/43

VS 3

G 03070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832

G 03070 Registered No.

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton st
(c) ~~Hospital~~ or institution:
(d) Length of stay in hospital or inst. (yrs., ~~mos., or~~ days) 16
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Rainbury

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Jacob
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Myle
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

Burrial (b) Date thereof 4-9-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Ohr Knesseth Israel
Location Rosedale

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) 4/9/43 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 8 - 1943 at 8½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1943 to 4/7 1943, and that I last saw him alive on 4/7 1943.

Immediate cause of death Cerebral Hemorrhage

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. A. Hornstein M. D.
Address 733 Lanvale St Date signed 4/9/43

VS 150

G 03071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17B

G 03071 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1812 Lorman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Lorman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Jenkins
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12 1921

8. AGE: Years 21 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Ernest Jenkins
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Mamie Bisson
15. Birthplace St Mary's Co., Md

16 (a) Informant Mamie Jenkins
(b) Address 1812 Lorman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto County Md

18 (a) Funeral director Thos Peter A. Elliott Dept
(b) Address 1129 N. Carlton St.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1943 at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to Apr 6 1943 and that I last saw h alive on Apr 4 1943

Immediate cause of death
Tuberculosis of the Hip joint
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Linhart M.D.
Address 612 E. Monument St Date April 6/43

G 03072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03072 Registered No. 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 division
(c) Hospital or institution: Provident

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town balte
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 N. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Widow

6 (b) Name of husband or wife mama

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) apr 16 187?

8. AGE: Years	Months	Days	If less than one day
69	11	21	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Robt. Johnson
13. Birthplace md

MOTHER
14. Maiden Name Emily Spence
15. Birthplace md

16 (a) Informant Claud Johnson
(b) Address 1701 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location md

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St

APR 9 - 1943 (Date received by Registrar) (b) Huntington Williams Reg MR

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 7, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1943 to 4-7 1943 and that I last saw him alive on 3-7 - 1943

Immediate cause of death: Cardio - renal disease — Duration

Due to

Due to

Other Conditions Prostatism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Jackson M.D.
Address 600 Arlington Ave Date signed 4-8-43

correct age is especially important. Typewrite, preferably with one exception of death clearly and legibly.

G 03073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 03073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul B. Laszczak (Boleslaus Paul Laszczak)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-2152

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
37	8	18		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name Stanislaus Laszczak
13. Birthplace Poland

MOTHER — 14. Maiden Name Alexandria Olszewski
15. Birthplace Poland

16 (a) Informant Alexandria Laszczak
(b) Address 1517 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 40 S. Chester Street

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

APR 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 12 Noon M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & an inquiry thereon and from the evidence obtained by said autopsy & inquiry and that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

History of angina pectoris

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Operation

Major findings of operation:

Autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Preston M.D. Medical Examiner
Date signed April 7 1943

G 03074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03074 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1547 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 Gough St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Chester Kasper (Jaskolowski) 40842

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1915

8. AGE: Years	Months	Days	If less than one day
27	4	19	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Louis
13. Birthplace Md.

MOTHER
14. Maiden Name Sophie ?
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 409 S. Chester Street

19 (a) (Date rec'd by reg'r) (b) Washington Williams, Reg'r
APR 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 10:20P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1939 to Apr. 7 1943, and that I last saw him alive on Apr. 7 1943.

Immediate cause of death

Pulmonary tuberculosis — Duration 9 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Hartz M.D.
Address Balto City Hosp Date signed 4/8/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03075 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3101 W. Cold Spring Ln
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Hesmich Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida L Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John F Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18- 1865

8. AGE: Years	Months	Days	If less than one day
77	5	19	hr. min.

9. Birthplace Petersburg Va
(Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Levi Beale
13. Birthplace —

MOTHER
14. Maiden Name Georgiana
15. Birthplace —

16 (a) Informant Old age Pension record
(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10 43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balt Md

18 (a) Funeral director Frank H Getz
(b) Address 214 N Eden St

APR 9 - 1943

(State registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 10:25 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1943, to April 7 1943, and that I last saw her alive on April 6 1943.

Immediate cause of death: Myocarditis

Due to

Due to

Other Conditions Bronchial Goldma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. H. Patterson

Address 2324 Reisterstown Rd Date signed 4/8/43

G 03076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 03076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) W+D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 E. Fort Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph L. M. Gaud

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/16/[illegible]

8. AGE: Years	Months	Days	If less than one day
57	9	21	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jos. F. Gaud
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Catherine Fisher
15. Birthplace Ger.

16 (a) Informant Family
(b) Address 212 E. Fort Ave.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 4-10-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Rd.

18 (a) Funeral director Jas L. McCauley
(b) Address 130 E. Fort Ave.

19 (a) APR 9 1943 (Registrar) Huntington Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7-43 1943, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1943, to 4-7 1943, and that I last saw him alive on 4-6 1943.

Immediate cause of death: Chronic Nephritis — Duration 1 yr.
Due to Arteriosclerosis — 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Hullod, M. D.
Address 707 E. Fortieth, Date signed 4-7-43

correct age is especially important. Physician: please write the cause for death clearly and legibly.

G 03077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (92)

Registered No. G 03077

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. Perry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Eddie Starling

3 (b) If veteran, name war: —

3 (c) Social Security Account No. 225-03-0102

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years 31 | Months | Days | If less than one day hr. min.

9. Birthplace Columbia, S.C. (Town, county and state)

10. Usual Occupation Laborer

11. Industry or business Construction

FATHER
12. Name Isaac Starling
13. Birthplace S.C.

MOTHER
14. Maiden Name Hattie
15. Birthplace S.C.

16 (a) Informant Mrs. Carrie Henderson
(b) Address 2449 Lady St. Columbia

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 4/9/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Bgto, Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave

19 (a) APR 9 – 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1943, at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an via Autopsy & via Inquiry thereon and from the evidence obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic valvular heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eastman M.D. Medical Examiner.
Date signed April 4 1943

431874 G 03078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03078 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1/3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St Mary's
(c) City or town HURRY (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace Butler
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race Black
6 (a) Single, married, widowed, or divorced. MAR
6 (b) Name of husband or wife Clayton
6 (c) If alive, give age 29 years
7. Birth date of deceased (mo., day, yr.) 1918
8. AGE: Years 25 Months Days If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business
FATHER 12. Name Willie Short
13. Birthplace Md
MOTHER 14. Maiden Name Elizabeth Thomas
15. Birthplace Md
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Bushwood Md
18 (a) Funeral director C.B. Rubingan
(b) Address Leonardtown Md
19 (a) (Date received by registrar) (b) Registrar
APR 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 8 1943 at 9:30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 22 1943 to Apr 8 1943, and that I last saw her alive on Apr 8 1943.

Immediate cause of death: pulmonary embolus — Duration
Due to: thrombus of right ovarian vein following tubal sterilization
Due to:
Other Conditions: tuberculous pleural effusion (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: see above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J.C. Duncan Jr M. D.
Address [illegible] Date signed 4-9-43

G 03079 BCH 79236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 03079 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 S. Lehigh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Herz

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	F	W	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1874

8. AGE: Years	Months	Days	If less than one day
69		29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Daugherty
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Fitz Patrick
15. Birthplace Ireland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 12/43 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) APR 9 - 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1943 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1943 to 4-8 1943 and that I last saw h alive on 4-8 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	18 hrs
Due to Diabetes Gangrene L Fot	3 mos
Due to Diabetes mellitus	?
Other Conditions Gen. Arteriosclerosis	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald R. Webb M.D.
Address Balto City Hosp Date signed 4-9-43

VS 280

G 03080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 03080 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 Dixon Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Dixon Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Baldwin Conkling

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1875

8. AGE: Years	Months	Days	If less than one day
67	9	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name William H. Conkling
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Olivia Kirk
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Olivia C. Ladd
(b) Address 2958 Scarborough Road, Cleveland ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery ~~cemetery~~ Greenmount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) APR 9 - 1943 (Date filed by registrar) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1943, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1940, to April 8 1943, and that I last saw h[illegible] alive on April 7 1943.

Immediate cause of death: Carcinomatosis; pulmonary, hepatic — Duration: July, 1942

Due to: Carcinoma of breast (right) — Duration: March 1940

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation April 1940
Major findings of operation: Carcinoma of breast
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Place Date signed

L. P. Hamburger

G 03081
T.N 80683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03081
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 792 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Allsup

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1939

8. AGE: Years	Months	Days	If less than one day
3	9	4	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Donald Allsup
13. Birthplace Maryland

MOTHER
14. Maiden Name Helen Field
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof apal 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 APR 9 — 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/7 19 43, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24/43 19__, to 4/7 19 43, and that I last saw h[illegible] alive on 4/7 19 43.

Immediate cause of death: Tuberculous meningitis — Duration: 2 wks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Allsup
Address B.C.H. Date signed 4/7 M. D.

VS 189

G 03082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (467)

G 03082 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 N. Kenwood Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 816 N. Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine E. Reichell (Rehal)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife William L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9 - 1869

8. AGE: Years	Months	Days	If less than one day
73	5	28	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Blum
13. Birthplace Md

MOTHER
14. Maiden Name Mary Reiley
15. Birthplace Md

16 (a) Informant Miss Viola Rehal
(b) Address 816 N Kenwood Av

17 (a) Burial (b) Date thereof 4 - 11 - 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Edward J. Ruff
(b) Address 5305 Belair Rd

19 (a) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 1940 to 4/7 1943.
and that I last saw h alive on 4/6 1943.

Immediate cause of death — Duration

Carcinoma of Rectum
Due to Generalized Metastasis
Due to
Other Conditions Renal Calculi
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas O Marsh M. D.
Address 86 N Luzerne Ave Date signed 4/8/43

Apr 9 19 43 Washington Williams U.S.
VS 124

G 03083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12B

G 03083
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3215 Bayonne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 Bayonne Ave
(If rural give location)
(e) Citizen of foreign country). (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor T. Griffin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 1917

8. AGE: Years	Months	Days	If less than one day
25	7	3	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph M. Griffin
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes M. Kremer
15. Birthplace Md.

16 (a) Informant Joseph M. Griffin
(b) Address 3215 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 10 43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Hugo
(b) Address 5505 Harford Rd

19 (a) APR 9 – 1943 (Date filed by registrar) Arlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h[illegible] alive on April 7 1943.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions Spinal Tuberculosis (BONE)
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugo J. Weber
Address 1173 St. Paul St Date signed April 9 1943 M. D.

correct age is especially important. Physicians: please write the cause in plain words; avoid abbreviations.

VS 250

G 03084

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √6

G 03084
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood Sts.
(c) Hospital or institution: University Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 566 W. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Mayes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 1913

8. AGE: Years	Months	Days	If less than one day
29	3	10	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name	Pet. Mayes
FATHER 13. Birthplace	S.C.
MOTHER 14. Maiden Name	Mayes Thomas
MOTHER 15. Birthplace	S.C.

16 (a) Informant Stanley Mayes
(b) Address 913 Coates St Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43 (month) (day) (year)
(c) Name of cemetery or crematory Evergreen
Location Catonsville Md

18 (a) Funeral director Robert L. Young
(b) Address 1943 804 W. Caroline St.

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5 1943, at 9:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5 1943, to 4/5 1943, and that I last saw him alive on 4/5 1943.

Immediate cause of death Meningococcic meningitis — Duration 2 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. L. Seigman M. D.
Address University Hosp. Date signed 4/6/43

(Correct if is especially important. Physicians: please write the cause of death clearly and legibly.)

C 03085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C-03085

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Stevens Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Schleicher

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Henry Schleicher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/27/1893

8. AGE: Years	Months	Days	If less than one day
49	7	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Zacharich Foote
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Annie Burkhardt
15. Birthplace Baltimore, Maryland

16 (a) Informant Henry Schleicher
(b) Address 208 Stevens Road Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4.12.1943 (month) (day) (year)
(c) Cemetery or crematory Loreland Park
Location Taylor Ave. Balto. Co. Md.

18 (a) Funeral director Lenahan Funeral Home
(b) Address 7401 Belair Road

19 (a) APR 10 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9/43 19 , at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6/43 19 to 4/9/43 19 and that I last saw her alive on 4/9/43 19

Immediate cause of death

Subarachnoid Hemorrhage

Due to Hypertensive C. V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hospital Date signed 4/9/43

VS 3

G 03086 T.S 80180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. G 03086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 1943
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N.Bruce St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Simmons (Florence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4th, 1943

8. AGE: Years	Months	Days	If less than one day
1 day	-	-	1 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business National Cemetery

FATHER
12. Name Arthur Simmons
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence White
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) [redacted] cremation, of [redacted] (b) Date thereof 4-8-43 at 9 A.M. (month) (day) (year)
(c) [redacted] crematory Baltimore City Hospitals
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

APR 10 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th 1943, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1943 to 3-5 1943, and that I last saw her alive on 3-5 1943.

Immediate cause of death: Intracranial Hemorrhage — Duration 12 hrs
Due to: Prolonged labor — 5 days
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis B. Barile M.D.
Address Balto. City Hosp. Date signed 3-11-43

VS 150

Please write plainly, with pen and ink. Physicians: please write the causes of death clearly and legibly. Information should be complete and correct as is especially important.

03087
AB-80017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √159

Registered No. G 03087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
1100 W. Whitelock St
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24-1943

8. AGE: Years	Months	Days	If less than one day
			9 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wilson Green
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Shorts
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS (RECORDS)
(b) Address

17 (a) ~~Burial~~, cremation, ~~Removal~~ (b) Date thereof 4-8-43 At 9 (month) (day) (year)
(c) ~~Cemetery~~ or crematory Baltimore City Hospitals
Location

18 (a) Funeral director
(b) Address

19 (a) APR 10 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24th 1943, at 9 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1943 to Feb 24 1943, and that I last saw him alive on Feb 24 1943.

Immediate cause of death: Congenital Atelectasis — Duration: 9 hrs.
Due to prematurity
Due to Spontaneous amputation of left arm and leg
Other Conditions Complete Cleft palate and hair lip.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M. M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garess M.D. M. D.
Address Baltimore City Hos Date signed 2-24-43

correct age is especially important. If uncertain, please write the causes of death clearly and legibly.

G 03088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 55E

G 03088 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 N. Kim Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 N. Kim Street (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Johanna Sanders

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband Henry Sanders
(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 18, 1862

8. AGE: Years	Months	Days	If less than one day
80	10	21	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bernard Wefelmeyer
13. Birthplace Germany

MOTHER
14. Maiden Name Dooley ?
15. Birthplace Germany

16 (a) Informant Mrs Christine Hardy
(b) Address 803 N. Kim Street

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/12/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director William Bork Inc.
(b) Address 1217 St. Paul St

APR 10 1943 Huntington Williams, MD
(Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 9 - 1943, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon, and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions Wandering Epithelioma arm & axillary glands. Fractured L humerus

(Include pregnancy within 3 months of death)

Major findings: Of operations mass in shoulder

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner
Date signed 4-9-43

63089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. G 03089

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 S. Robinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 S Robinson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Hines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband: Charles F. Hines

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3rd 1860

8. AGE: Years 83 | Months 3 | Days 4 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Casper Lorsch
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Miller
15. Birthplace Germany

16 (a) Informant Mrs Lillian Heimbuck
(b) Address 214 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md

18 (a) Funeral director McElroy Cook Inc
(b) Address 1217 St Paul St

APR 10 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9th 1943, at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1943, at 9 A.M. and that I last saw h[illegible] alive on April 7 1943.

Immediate cause of death: Arteriosclerosis Senility

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mark Finley M.D.
Address 2936 E Balto Date signed 4-9-43

correct age is especially important; physicians please write the causes of death clearly and legibly.

VS 150

G 03090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G 03090

correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 N. Monroe
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-T
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 N. Monroe St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Edmund H. Stempel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Johanna Stempel
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 25 1871

8. AGE: Years 71 | Months 8 | Days 13 12 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Retired Policeman
11. Industry or business Safety City

FATHER
12. Name Julius Stempel
13. Birthplace Germany

MOTHER
14. Maiden Name Victoria Weisman
15. Birthplace Germany

16 (a) Informant Mrs E. Stempel
(b) Address 316 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director J. A. Shipley & Son
(b) Address 1300 Eutaw Place

APR 10 1943 (Date rec'd by registrar) [signature] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1943 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941 to Mar 9 1943, and that I last saw h[illegible] alive on Mar 9 1943.

Immediate cause of death Coronary Occlusion — Duration ?
Due to Arterio. sclerosis — ?
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Carel R. Stempel
Address 316 N. Lombard St Date signed 4/9/43

03091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √93D

G 03091
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3106 E. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 3106 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie T. Albers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband Walter L. Albers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2nd 1891

8. AGE: Years	Months	Days	If less than one day
52	2	17	hr. min.

9. Birthplace Pa
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Unknown Smith
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant William Albers
(b) Address Sharrows Point, Md.

17 (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Oak Lawn
Location Eastern Ave- Extended

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

APR 10 1943 (b) Huntington Williamsport

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1943. 7:15 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1 1943 to April 8th 1943.
and that I last saw h[illegible] alive on April 8th 1943.

Immediate cause of death
Hypertension
Cardiac Vascular
Renal
Due to
Due to
Coronary Thrombosis
Other Conditions
(Include pregnancy within 3 months of death)

Operation Yes.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred Augusta M. D.
Date signed 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943 G 03092

G 03092

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1209 Ashland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Ashland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Pleasant
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anita
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): May 20, 1879

8. AGE: Years: 63 | Months: 10 | Days: 17 | If less than one day: hr. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business:

FATHER
12. Name: John W Pleasant Sr.
13. Birthplace: Md.

MOTHER
14. Maiden Name: Louisa Tilghman
15. Birthplace: Md.

16 (a) Informant: Anita Pleasant
(b) Address: 1209 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1943 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cemetery
Location: Frederick Road

18 (a) Funeral director: Mrs. Robert G. Talbert Dept
(b) Address: 1129 N. Carlton St.

19 (a) (Date received by registrar) (b) Registrar

APR 10 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1943, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/26 1942 to 4/7 1943. and that I last saw h/m alive on 4/5 1943.

Immediate cause of death: Hypertensive cardio-vascular disease
Due to: (uremia)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: Sev. mos.

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Rayner Browne
Address 1500 E. Madison St Date signed 4/9/43

Rayner Browne

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

G 03093 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1731 N Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 N Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albinda M. Dunlap
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife John L. Dunlap (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15th 1867

8. AGE: Years 75 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Josiah Almony
13. Birthplace Md

MOTHER 14. Maiden Name Margaret Duncan
15. Birthplace Md

16 (a) Informant John L. Dunlap
(b) Address 1731 N Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10th 1943 (month) (day) (year)
(c) Cemetery or crematory Wesley M. E. Church
Location Jacksonville Md

18 (a) Funeral director Leo S. Leech
(b) Address 1701-03 N Patterson Park Ave

19 (a) (b) Registrar

APR 10 1943

Hunting for

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8th 1943, at 4.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1943. to April 7 1943.
and that I last saw him alive on April 7, 1943.

Immediate cause of death
Myeloleticis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Schenker M. D.
Address 1919 E. North Ave Date signed 4/9/43

G 03094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03094 Registered No.

432376 V 48 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Timothys School
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victoria Callis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1883

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Cleaning

11. Industry or business St. Timothys School

FATHER
12. Name Muffin Callis
13. Birthplace Va.

MOTHER
14. Maiden Name Rachael Robinson
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (burial, cremation, or removal) (b) Date thereof 4-10-43 (month) (day) (year)
(c) Cemetery or crematory Lawnsville Cem
Location Lawnsville Va

18 (a) Funeral director Wolfinger & Jackson
(b) Address 916 Penna ave

19 (Registrar) APR 10 1943
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943, at 7 A M 35

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 9 1943, and that I last saw her alive on April 9 1943.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions: Carcinoma uterus
(Include pregnancy within 3 months of death)

Date of operation 4-5-43 Carcinoma

Major findings of operations: uterus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. N. Richardson, M. D.
Address J. H. H. Date signed 4-10-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 99

G 03095
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Eutaw
(c) Hospital or institution: Maryland General Hospital 16
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) 9
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 31

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2524 W Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis H. Pulsford

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex M | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced.**

6 (b) Name of husband or wife Marie Pulsford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years 31 | Months | Days | If less than one day: hr. min.

9. Birthplace Balt.
(Town, county, and state)

10. Usual Occupation Cpl. Fire Dept
11. Industry or business Balt Police

FATHER
12. Name Henry F Pulsford
13. Birthplace Baltimore City

MOTHER
14. Maiden Name Clara A Horan
15. Birthplace York Balto Co

16 (a) Informant Henry F Pulsford
(b) Address 20 N. Eutaw Pl

17 (a) Burial **(b) Date thereof** April 12-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location —

18 (a) Funeral director Maynard Weidefeld
(b) Address 501 E. Fayette St Baltimore

19 (a) (Date rec'd by registrar) APR 10 1943 **(b)** Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/8 1943, at 10 45/60 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30 1943, to 4/8 1943, and that I last saw h alive on 4/8 1943.

Immediate cause of death Mesenteric Thrombosis — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Mesenteric Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. McKenna
Address Md Gen Hosp Balt. Md **Date signed** 4/10/43 M. D.

Correct age if apparently improper. If unknown, say so. If illegitimate, please write the cause of death clearly and legibly.

G 03096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

G 03096 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3432 Wilkens Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES ARTHUR SPURRIER

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. 218-18-0781

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Div.

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1898

8. AGE: Years	Months	Days	If less than one day
44	6	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Fire alarm worker
11. Industry or business -

FATHER
12. Name Benjamin Spurrier
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Henrietta Chaney
15. Birthplace Baltimore, Md.

16 (a) Informant Records-U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Roff & B.M. Walter
(b) Address Pratt & Stricker Sts

19 (a) APR 10 1943 (Date received) Hartzler Williams, M.D. (Registrar)

MEDICAL CERTIFICATION A.

20. DATE OF DEATH April 8, 1943, at 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31, 1943 to Apr. 8, 1943 and that I last saw him alive on Apr. 8, 1943

Immediate cause of death: Broncho pneumonia diffuse bilateral — Duration: 1 week

Due to: arteriosclerotic cardio-vascular renal disease — Duration: Unk.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation -

Major findings of operation: -

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -

23. Signature L. S. Bram
Address Baltimore, Md. Date signed 4/8/43

VS 189

No. 12949

G 03097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 03097 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1850 WILKINS AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1850 WILKINS AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Guest

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex MALE

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary E. Guest

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 6-1865

8. AGE: Years 77 Months 9/10 Days 0 If less than one day hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business NONE

FATHER
12. Name Francis Guest
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant MARGARET EIDMAN
(b) Address 1850 WILKINS AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 10-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Pratt & Stricker & B.M. Watkins
(b) Address Pratt & Stricker Sts

19 (a) (b)
(Date rec'd by registrar) Registrar

APR 10 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1943 at 8.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1935 to April 6 1943, and that I last saw him alive on April 6 1943.

Immediate cause of death myocarditis — Duration 6 days.

Due to arteriosclerosis — 7 years

Due to Cardiac Irregular renal disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin Fleming.

Address 1904 W. Belvedere Date signed 4-5-43 M.D.

Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

G 03098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1469

G 03098

REGISTRAR'S NO.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto. Gen. Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city of town limits, write RURAL and give town)
(d) Street No. 2409 E Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Starr

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-4875

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Elizabeth Starr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26-1887

8. AGE: Years 55 | Months 4 | Days 12 21 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Carr-Lowrey Glass Co

FATHER
12. Name Antony Starr
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret Schissler
15. Birthplace Balto. Md.

16 (a) Informant William Starr
(b) Address 2409 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Northwd Balto. Md.

18 (a) Funeral director John C Miller Inc
(b) Address 2435 E Pleasant St

19 (a) (Date received) APR 10 1943 Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/7 1943 at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/23 1943 to 4/7 1943 and that I last saw h[illegible] alive on 4/7 1943

Immediate cause of death: Carcinoma (Primary) of Pancreas — Duration: 4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Tompkins
Address West Balto Gen Hosp Date signed 4/7/43 D.

43169 03099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 03099
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before any copy. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 N. Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Armstrong
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-8665

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bessie Armstrong 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-5-84

8. AGE: Years	Months	Days	If less than one day
58	8	2	hr. min.

9. Birthplace Wilmington Del (town, county, and state)
10. Usual Occupation Painter
11. Industry or business Balto. Body Works

FATHER
12. Name John Armstrong
13. Birthplace Wilmington Del.

MOTHER
14. Maiden Name Emma Johnson
15. Birthplace Wilmington Del.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-43 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Balto. Md.

18 (a) Funeral director John C. Miller Inc
(b) Address 2425 E. Oliver St

19 APR 10 1943 (Date rec'd, 1943) (b) Registrar

Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 7 1943, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19 1943 to Apr 7 1943, and that I last saw him alive on Apr 7 1943.

Immediate cause of death Cerebral Hemorrhage.
Due to Subarachnoid Hemorrhage.
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R E Duncan Jr
Address JHH Date signed 4-8-43
For C. R. Austen
Howard J. Morris, M.D.

G 03100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146 B

G 03100 Registered No.

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2936 Mosher
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2936 Mosher (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie C. O'Brien

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) August 31, 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	7	8		

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER 12. Name Thomas Atkins

13. Birthplace Virginia

MOTHER 14. Maiden Name Georgia White

15. Birthplace Virginia

16 (a) Informant Mr Charles J. O'Brien

(b) Address 2936 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Edmondson Ave.

18 (a) Funeral director John F. Leonard & Son

(b) [illegible] Collins St.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1943 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23rd 1943, to April 8th 1943, and that I last saw h[illegible] alive on April 7th 1943.

Immediate cause of death: Carcinoma of stomach — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death.)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. J. McDermott

Address 1126 Poplar Grove St Date signed 4/9/43

VS 180

G 03101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 03101 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 EUTAW PLACE
(c) Hospital or institution:
14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 EUTAW PLACE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH E. WALTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Nellie

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) JANY 26. 1875

8. AGE: Years 68 | Months 2 | Days 16 | If less than one day: 15 hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Joseph L. Walter
13. Birthplace Pa.

MOTHER
14. Maiden Name Cinderalla Lynch
15. Birthplace Pa.

16 (a) Informant ELIZABETH BRANNOCK
(b) Address 1912 EUTAW PLACE

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April 12. 1943 (month) (day) (year)
(c) Cemetery or crematory Cambridge Mem.
Location CAMBRIDGE MD.

18 (a) Funeral director John O. Hutchins Sons
(b) Address 1900 EUTAW PLACE

19 (a) (Signature of local registrar) (b) by Hattie Williams M.D.

APR 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 1943, to April 9 1943, and that I last saw h[illegible] alive on Apr. 9 1943.

Immediate cause of death (1) Uremia — Duration
(2) acute myocarditis
Due to (1) chronic nephritis
(2) Hypertension.
Due to (3) Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles L. Nerstadt M. D.
Address 1730 LINDEN AVE. Date signed 4/10/43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 03102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 03102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 Loyola Southway
(c) Hospital or institution:

15-13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 Loyola Southway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RAY SCHAEFFER

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ellis Schaeffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14th. 1898.

8. AGE: Years 45 | Months 1 | Days 25 | If less than one day: hr. min. 24

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Simon Jeffein,
13. Birthplace Russia.

MOTHER
14. Maiden Name Annie Benesch,
15. Birthplace Austria.

16 (a) Informant Mr. Ralph Jeffein,
(b) Address 3513 Holmes Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/43. (month) (day) (year)
(c) Cemetery Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Burial Association Inc.
(b) Address 1902 Eutaw Place.

19 (a) (b) Huntington Williams, M.D. Registrar

APR 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th. 1943 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1933 to Apr. 8, 1943.
and that I last saw h er alive on Apr. 8, 1943.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

Duration: 1 Day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Victor L. Levy, M.D.

Address 2322 Eutaw Place Date signed 4/9/43

correct are to especially important. Physicians, please write the names of death clearly and legibly.

G 03103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

G 03103
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Dieckman

3 (b) If veteran, name war ---

3 (c) Social Security Account No. -----

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1875

8. AGE: Years 67 | Months 8 9 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry Dieckman
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie -----
15. Birthplace Germany

16 (a) Informant Mrs. Ann Phelps
(b) Address 410 Northbend Rd. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 12/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) (Date received) APR 10 1943 (b) H. Eugene Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1943 at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1943. to April 9 1943. and that I last saw h[illegible] alive on April 6 1943.

Immediate cause of death Cardiac norma of Tuberculosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature M. M. Cutterman M. D.

Address 2324 Reisterstown Rd Date signed 4/9/43

G 03104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03104 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 N. Castle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 N. Castle Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES VOTAVA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Joseph Votava
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1852

8. AGE: Years	Months	Days	If less than one day
90 yrs	8	11	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Elizabeth Paruska (daughter)
(b) Address 915 N. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Phila. Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 1806 E. Madison Street

19 (a) APR 10 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1941 to April 1943 and that I last saw h[illegible] alive on [illegible] 19[illegible].

Immediate cause of death Coronary occlusion

Due to Chronic Myocarditis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 4/5/43 / 1941 1930

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Ryan M.D.
Address 801 N. Eutaw St. Date signed April 9 1943

G 03105

BALTIMORE CITY HEALTH DEPARTMENT X 50

CERTIFICATE OF DEATH

G 03105
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Allegany
(c) City or town Lonaconing
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Elizabeth Peel Newman

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1878

8. AGE: Years 64 | Months 3 | Days 8 | If less than one day: hr. min.

9. Birthplace Lonaconing Maryland
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Peel
13. Birthplace England

MOTHER
14. Maiden Name Ann Stratton
15. Birthplace Scotland

16 (a) Informant Hosp. records - Union Memorial
(b) Address 33rd & Calvert Sts, Baltimore

17 (a) Removal (b) Date thereof 4/9/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Lonaconing, Md.

18 (a) Funeral director Minnie Eichorn,
(b) Address Lonaconing, Md.

19 (a) Huntington Williams, M.D.

APR 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1943, at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1943 to April 9 1943, and that I last saw h[illegible] alive on April 9 1943.

Immediate cause of death: Cardio-vascular failure — Duration

Due to Carcinomatosis

Due to Carcinoma of uterus, metastatic — 2+ yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ca of breast & metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James McC. Feeney M. D.
Address Union Memorial Hospital Date signed 4-9-43

G 03106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1470

G 03106 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville & Wilkens Ave.
(c) Hospital or institution: Hospital - St. Agnes 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4018 Colborne Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Presser (Frank Henry Presser

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216 - 03 - 1005

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mary Frances Presser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/20/1909

8. AGE: Years	Months	Days	If less than one day
33 yrs.	4	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Coco Cola Co.

FATHER
12. Name Henry Presser
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Katherine Allen
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Mary Frances Presser
(b) Address 4013 Colborne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received) 4/13 (b) Registrar's signature [illegible] Address

APR 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1943. at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1943 to 4-9 1943, and that I last saw him alive on 4-9 1943.

Immediate cause of death: Shock — Duration

Due to: Carcinoma Rt. Left Lung

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Carcinoma of left lung

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard W Stier M. D.
Address St Agnes Hospital Date signed 4/9/43

G 03107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G 03107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2531 St Paul St
(c) Hospital or institution: 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 St Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK EMANUEL SCOPINICH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/15/1877

8. AGE: Years	Months	Days	If less than one day
66	2	24	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Insurance broker

11. Industry or business

FATHER
12. Name M. Antonio Scopinich
13. Birthplace Austria

MOTHER
14. Maiden Name Lucetta M. Cooper
15. Birthplace Bermuda

16 (a) Informant Mr. Antonio J. Scopinich
(b) Address 3949 Cloverhill Rd.

17 (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville, Md.

18 (a) Funeral director J. F. Mears & Sons
(b) Address 805 N. Calvert St, Baltimore, Md

19 APR 10 1943 (b)
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943, at 8:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.

Date signed 4-10-43

VS 6

03108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17a

G 03108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

14-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosie Ward 80518

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 3, 1916

8. AGE: Years	Months	Days	If less than one day
27	1	4	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name William Ward
13. Birthplace Va.

MOTHER
14. Maiden Name Florence Epps
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1943 (Month) (day) (year)
(c) Cemetery or crematory —
Location Crewe, Va.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1681 Druid Hill Ave.

19 APR 10 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 23 1943, to Apr. 7 1943, and that I last saw her alive on Apr. 7 1943.

Immediate cause of death — Duration

Generalized miliary tuberculosis 6 mos

Due to (Note)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R.S. Harris M. D.
Address Bal to City Hosp Date signed 4-8-43

Please write plainly. Physicians: please write the causes of death clearly and legibly. Any certificate where the cause of death is not clearly stated, or where the correct age is especially important, will be returned for correction.

03109

BALTIMORE CITY HEALTH DEPARTMENT X 93d

CERTIFICATE OF DEATH

Registered No. C 03109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4600 Maine Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6143 Nassau St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Ellen Livingston

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George Livingston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1860

8. AGE: Years	Months	Days	If less than one day
83		29	hr. min.

9. Birthplace Philadelphia, Pa
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER	
12. Name	William Robinson
13. Birthplace	England
MOTHER	
14. Maiden Name	Mary Lee
15. Birthplace	England

16 (a) Informant Mrs. Elsie D. Catchpole
(b) Address 6143 Nassau St Phila. Pa
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Peace
Location Philadelphia Pa
18 (a) Funeral director Gilbert Funeral
(b) Address 1003 N. Gallows St.

APR 10 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10th 1943 at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1943 to April 9 1943 and that I last saw him alive on April 9 1943.

Immediate cause of death	Duration
Arteriosclerotic Cardiac Vascular Disease	10yr.
Due to	
Due to (or)	
Other Conditions	

Due to None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thos. H. Abbott M. D.
Address 509 Med. Arts Bldg. Date signed 4/10/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K 03110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03110

Registered No. 1062

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 N. Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 N. Central Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH WATERS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Wid.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1890

8. AGE: Years	Months	Days	If less than one day
53	3	8	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Edward Waters
13. Birthplace Md

MOTHER
14. Maiden Name Rose ?
15. Birthplace Md

16 (a) Informant Mary Wongus
(b) Address 713 N. Central Ave

17 (a) Burial (b) Date thereof 4/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph H. Locke, Jr.
(b) Address 1304 N. Central Ave

19 (a) (b) Huntington Willis Registrar

APR 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943 at 10. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Bronchiectasis, chronic — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenweber M.D.
Asst. Medical Examiner.

Date signed 4-9-43

G 03111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03111
Registered No. 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Santa Inga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 Floyd St. (Rural location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Jerome Rifkin (or) Jerome G. Rifkin

3 (b) If veteran, name war No

(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1926

8. AGE: Years	Months	Days	If less than one day: hr.	min.
16	11	10	21	9

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Harry Rifkin
13. Birthplace Unknown

MOTHER
14. Maiden Name Lillian Jaros
15. Birthplace Baltimore.

16 (a) Informant Mrs Lillian Rifkin
(b) Address 36 Floyd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-43 (month) (day) (year)
(c) Cemetery or crematory Lot 7, Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dipper & Sons
(b) Address Lanvale & Linn Sts.

19 (a) APR 10 1943 (Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1943, at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1943 to April 8 1943, and that I last saw him alive on April 8 1943.

Immediate cause of death: Dyspnea — Duration

Due to Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Hafter M.D.
Address Mercy Hospital Date signed 4/8/43

G 03112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03112 ✓ Registered No. 1240 D-3112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 734 W. Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Clark

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	widower

6 (b) Name of husband or wife [redacted]
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Towson, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Linus C Clark
13. Birthplace Md

MOTHER 14. Maiden Name Sydney Best
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-43 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson, Md.

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 APR 11 1943 (Date rec'd by registrar) (b) Thomas Covington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 4 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Cirrhosis of liver	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: by us

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed April 8 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 03113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No.

G 03113

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Greene

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Howard

(c) City or town Daniels (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Berry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1942

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Daniels, Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business None

FATHER 12. Name Claude J. Berry

13. Birthplace Va

MOTHER 14. Maiden Name Ruth V. Dean

15. Birthplace Va

16 (a) Informant Claude J. Berry

(b) Address Daniels, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 11 - 43 (month) (day) (year)

(c) Cemetery or crematory Good Shepherd

Location Ellicott City Md

18 (a) Funeral director [illegible]

(b) Address Ellicott City Md

19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1943 to April 10 1943, and that I last saw h[illegible] alive on April 10 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. E. McMillan

Address University Hospital Date signed 4/10 M. D.

VS 180

Dr Sheehan will be down for this

C 63114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 63114

Certificate

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 614 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (~~yrs.~~, ~~mos.~~, ~~or days~~) 2½

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Howard

(c) City or town Longman (If outside city or town limits, write RURAL, and give town)

(d) Street No. Route 2 Elkridge (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3 (a) FULL NAME Edward Monk

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Col.	married

6 (b) Name of husband or wife Hester

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Mar 1879

8. AGE: Years	Months	Days	If less than one day
63	5		hr. min.

9. Birthplace Longman Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Farming

FATHER 12. Name William H. Monk

13. Birthplace Maryland

MOTHER 14. Maiden Name Lottie Longfield

15. Birthplace Maryland

16 (a) Informant Hester Monk

(b) Address Longman Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 13 1943 (month) (day) (year)

(c) Cemetery or crematory Union Mt. E. Cemetery

Location Glendon Md

18 (a) Funeral director Henry Tawney Sons

(b) Address Glendon Md

19 (a) APR 11 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 20 1943 to April 10 1943, and that I last saw h m alive on April 10 1943.

Immediate cause of death

Bronchopneumonia — Duration 2 wks

Due to Pulmonary Infection — 6 weeks

Due to Fractured Femur — 2nd Acc 2.20?

Other Conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accidental fall

(b) Date of occurrence Jan 16, at — M

(c) Where did injury occur? Longman (City or town) Howard (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Farm (Specify type of place) While at work? No

(e) Means of injury Fell and fell

23. Signature J Bradley Whig MD M. D.

Address 2043 Madison Date signed 4/13

VS 180

G 03115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§3a

G 03115 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 Moreland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Moreland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Epstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Simon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1866

8. AGE: Years	Months	Days	If less than one day
77			hr min

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Berel Feingold
13. Birthplace Russia

MOTHER
14. Maiden Name Fruma Sura
15. Birthplace Russia

16 (a) Informant Abraham Epstein
(b) Address 1603 N Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (b)
(Date received by registrar) Registrar

APR 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1943 at 6 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from June 1928 to April 9 1943, and that I last saw h alive on April 9 1943

Immediate cause of death cerebral hemorrhage — Duration 2 days

Due to Hypertension — Duration 20 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN (Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature

Address 1720 Eutaw Pl Date signed 4/12/1943 (M. D.)

G 03116 ✓ G 03116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 Edmonson ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Edmondson ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elvira Garnett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — — 1869

8. AGE: Years 73 | Months — | Days — | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business —

FATHER 12. Name Henry Garnett.
13. Birthplace Va

MOTHER 14. Maiden Name Jamie Vaughn
15. Birthplace Va

16 (a) Informant Katie Garnett.
(b) Address 1409 Edmonson ave

17 (a) Transportation (Burial, cremation, or removal) (b) Date thereof 4-12-43 (month) (day) (year)
(c) Cemetery or crematory Angel Visit Bap. Cem
Location Essex County Va.

18 (a) Funeral director William A Jackson
(b) Address 916 Pennd ave

(a) [illegible] (b) [illegible] for Williams, Mgr.
(Name read by registrar)

APR 11 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 9 1943 at 3.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 6 1943 to Apr 9 1943 and that I last saw h[illegible] alive on Apr 9 1943

Immediate cause of death Hemorrhage
Due to Brain
Due to —
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Frank E Wagner

Address 2027 Calverton Date signed 4/10/43

G 03117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23B

G 03117 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 N. Carrollton ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N. Carrollton ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Robert Lewis Price

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Mamie Doram Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 1863

8. AGE: Years 79 | Months 7 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name John Price
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lucy J. Byrd
15. Birthplace Essex Co., Va

16 (a) Informant Mrs Clara Payne
(b) Address 505 N. Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) Filed April 11 1943 (b) Huntington Williams (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 7 11/A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943, to April 7 1943, and that I last saw h/ alive on April 7 1943.

Immediate cause of death: Nephritis — Duration: 4 days
Due to: Influenza — 5 weeks
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Douglas Sheppard M.D.
Address 1063 Mulliken ave Date signed 4/10/43

VS 1

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

G 03118 G 03118

BALTIMORE CITY HEALTH DEPARTMENT

T.N 80342 CERTIFICATE OF DEATH 46 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1881

8. AGE: Years 61 Months 10 Days 9 If less than one day hr. min. 2

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Richard Toogood

13. Birthplace Maryland

MOTHER 14. Maiden Name Clara Smith

15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Buried (b) Date thereof 4-11-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kettie R Williams
(b) Address 322 N. Schroeder st

APR 11 1943 (b)
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6-43 19 . at 9:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13-43 19 . to 4-6-43 19 . and that I last saw him alive on 4-6 1943.

Immediate cause of death Carcinoma of stomach — Duration 7

Due to

Due to

Other Conditions Malignant Cancer of Liver
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes Abdomen

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.

Address B.C.H. Date signed 4-9-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 03119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

G 03119

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. yrs., mos., or days 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 S. Lehigh St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah V. Weinreich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm E. Weinreich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28th 1900

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	3 4	11		

9. Birthplace Balto. Co. Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name J. Nicholas Meade
13. Birthplace England

MOTHER
14. Maiden Name Susan E. Earl
15. Birthplace Balto. Co. Maryland

16 (a) Informant Mrs. Wm E. Weinreich
(b) Address 641 S. Lehigh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 12 1943 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Glen Burnie Md.

18 (a) Funeral director Sussdorf Funeral Home
(b) Address 7401 Belair Road

19 (a) 1943 (Date received by registrar) (b) [illegible] for Williams M.D. Registrar

R 1 [illegible]

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1943 at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1943 to 4-9 1943 and that I last saw h Or alive on 4-9 1943.

Immediate cause of death: Rheumatic Heart Disease, inactive — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Rehn

Address 1213 Light St Date signed 4/9/43

G 03120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 832

G 03120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 Rutter St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1506 Rutter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8 1887

8. AGE: Years 55 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Carroll Co Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Louis Whitaker
13. Birthplace Md

MOTHER 14. Maiden Name Martha Whitaker
15. Birthplace Md

16 (a) Informant Margaret Epps
(b) Address 114 W. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-43 (month) (day) (year)
(c) Cemetery or crematory John Wesley Cem
Location Carroll Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

APR 1 1943 Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 7 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1943 to Apr 7 1943 and that I last saw h[illegible]r alive on Apr 7 1943

Immediate cause of death
(a) Lobar Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 13 Days

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which) While at work?
(e) Means of injury

23. Signature Louis J. Friedman, M.D.
Address 2329 Eutaw St
Date signed Apr 7-43

correct age is especially important. Typewrite, print with pen and ink, or use indelible pencil.

G 03121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

G 03121

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 865 W 36th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 865 W 36th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Le Roy Tracy.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-01-0586

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 6 1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	9	3		

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Stationary Engineer.

11. Industry or business Crown Cork & Seal Co

FATHER
12. Name Wm. H. Tracy.
13. Birthplace Md.

MOTHER
14. Maiden Name Zurilla Stiffler
15. Birthplace Md.

16 (a) Informant Mrs Mary Burge.
(b) Address 865 W 36th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12/43 (month) (day) (year)

(c) Cemetery or crematory Pine Grove
Location Balto Co. Md.

18 (a) Funeral director Thos. W. & J. Donovan
(b) Address 615-17 Christopher Ave

APR 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1943, to April 9 1943 and that I last saw him alive on April 9 1943.

Immediate cause of death Myocardial failure

Due to Congestive heart failure

Due to Hypertensive cardio-vascular-renal disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature Edw. L. Hasaman M.D.

Address 4037 Fiske Rd. Date signed 4/10/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 03122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 03122
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Eutaw Pl.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Rhoda McGowen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife James G.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 - 15 - 1898

8. AGE: Years 44 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Werner
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Russell
15. Birthplace Md

16 (a) Informant James G. McGowen
(b) Address 1927 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 13/43 (month) (day) (year)

(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Ehrenfeld & Donovan
(b) Address 5615-17 Baltimore

19 (a) APR 12 1943 **(b)** [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1943 at 3 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 4 1943. to 4 - 7 1943. and that I last saw her alive on 4 - 7 1943.

Immediate cause of death Gangrene

Due to Gangrene - Rt.

Due to Lower extremity Chr. Hypertension

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Traynor M. D.

Address West End Hosp. **Date signed** 4/9/43

correct age is especially important. Physicians: please write the causes of death clearly in

VS 3

03123 HEALTH DEPARTMENT—CITY OF BALTIMORE 03123

CERTIFICATE OF DEATH 1310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2562 Woodbrook Ave, Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Dent

If U. S. Veteran specify WAR

(a) Residence: No. 2562 Woodbrook Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race C | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Dent

6. DATE OF BIRTH (month, day, year) 1864

7. AGE: Years 79 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City

FATHER

13. NAME Jacob Henson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Evaline Ireland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dan't P. Hearn

(Address) 2562 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Date Apr 8 1943

19. UNDERTAKER Sam'l H. Chase Son

(Address) 638 N. Gilmor St

20. FILED APR 11 1943 H. Ferguson Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8, 1943

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 1943 to Apr 8 1943

I last saw h[illegible] alive on Apr 8 1943 Death is said to have occurred on the date stated above, at 11 30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal

Date of onset 2 2

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. J. Hafeker M. D.

(Address) 1 [illegible] Ave

OCCUPATION is very important. See instructions on back of certificate.

G 03124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03124

Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 Tunbridge Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 67 Oakleigh Ave.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Ireland

3 (a) FULL NAME Mary A. Manning

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife James — (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15 - 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	7	2625		

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business —

FATHER
12. Name Timothy Moriarty
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Sullivan
15. Birthplace Ireland

16 (a) Informant Catherine Manning
(b) Address 67 Oakleigh Ridge

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (month) (day) (year)
(c) Cemetery or crematory St. Patrick's
Location Rhyopec Falls, Mass.

18 (a) Funeral director John A. Moran
(b) Address 424 Greenmount Ave

19 (a) 4-1943 (b) [illegible] Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10/1943 at 8P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1943 to 4-10 1943 and that I last saw h[illegible] alive on 4-8-1943

Immediate cause of death: Cerebral Embolism — Duration 24 hrs.
Due to Diabetes Mellitus — 2 yrs.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature R. H. Donohue M. D.
M. D.
Address 501 Medical Arts Bldg. Date signed 4-10-43

Donohue

VS 250

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 03125
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hannah Bull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Bull
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Southern Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary Johns
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St. Balto Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 12, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden-Balto. Md

18 (a) Funeral director Rita Winfield
(b) Address 914 Greenmount Ave

19 (a) (Date received by registrar) Huntingtown, Williamsport, Md

APR 11 1943

VS 130

MEDICAL CERTIFICATION

5 yr. reg.

20. DATE OF DEATH April 8 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1943, to April 8 1943, and that I last saw h e alive on April 7 1943.

Immediate cause of death — Duration

Edema Lungs — 2 days
Due to Chronic Myocarditis — 4 yrs
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North ave Date signed 4-10-43

Persons willfully, with unpardonable [illegible]. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49c

G 03126 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 N. Carey
(c) Hospital or institution: 1 6 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Carey (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Widow

6 (b) Name of husband or wife Robert Foster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Winnsboro - S.C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Moses Daby
13. Birthplace S.C.

MOTHER
14. Maiden Name Elizabeth Watts
15. Birthplace Winnsboro - S.C.

16 (a) Informant Mrs. Fannie Williams
(b) Address 804 N. Carey St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-12-43 (month) (day) (year)
(c) Cemetery or crematory Winnsboro
Location South Carolina

18 (a) Funeral director Mrs Katie R Williams
(b) Address 804 N Schroeder St

APR 11 1943
(Date rec'd by registrar) (b) Harrington Mill, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943

21. I certify that death occurred on the date above stated, from 1943, and that I last saw her alive on April 9 1943.

Immediate cause of death Carcinoma of Vagina — Duration 4 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 739 Broadway Date signed 4-10-43

03127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. 03127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4018 Liberty Hgts. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4018 Liberty Hgts. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FLORIENCE R. RIORDAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	divorced

6 (b) Name of husband or wife George J. Riordan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/16/1876

8. AGE: Years	Months	Days	If less than one day
66	3	24	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaac Ellinger
13. Birthplace Balto.

MOTHER
14. Maiden Name Isabelle Pollard
15. Birthplace Balto., Md.

16 (a) Informant Mr. Clarence C. Carty
(b) Address 54 E. Patrick St., Frederick, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

APR 12 1943 (b) [illegible]
Registrar of Vital Statistics

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 10, 1943, at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 30 1943 to Apr 10 1943; and that I last saw h alive on Apr 10 1943

Immediate cause of death Coronary Embolism — Duration 30 days
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Lynch M. D.
Address 4209 Gwynn Oak Ave. Date signed 4/12/43

3128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

03128

94a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. South Baltimore General Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME PRESTON CLARK

If U. S. Veteran specify WAR

(a) Residence: No. 3816 Leo Street St., Ward 8 SS. 216-10-7864

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Klopa

6. DATE OF BIRTH (month, day, year) April 19, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55 yrs	55	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Policemen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Detective agency

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Clark

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Agullio Martin

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Preston L Clark

(Address) 3816 Leo St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/17/43 19

19. UNDERTAKER Thos. J. Kenny

(Address) 1600 Stockton St

20. FILED APR 12 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquirey found that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hugh B. McNally M. D.

(Address) 700 Flat St. Coroner

OCCUPATION IS VERY important. See instructions on back of certificate.

V 5 6

03129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 03129
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Montgomery Ave
(If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/5/43

8. AGE: Years	Months	Days	If less than one day
	3	5	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Floid M Smith
13. Birthplace Pa

MOTHER
14. Maiden Name Bertha Shipley
15. Birthplace Pa

16 (a) Informant Floid M Smith
(b) Address Artemas Pa

17 (a) Burial (b) Date thereof April 11 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Bedford Co Pa

18 (a) Funeral director Ephraim Smith
(b) Address Artemas Pa

19 (a) Filed April 10 1943 (b) Huntingdon Hillsdale Pa

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1943, to April 10 1943, and that I last saw h[illegible] alive on April 10 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fueting M.D.
Address St Josephs Hosp. Date signed 4-10-43

VS 3

03130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 03130
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Kildare Dr., Baltimore, Md.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM WILEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-0863

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Mar.

6 (b) Name of husband or wife Margaret M. Gore
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1888 1882

8. AGE: Years	Months	Days	If less than one day
61	2	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business --

FATHER
12. Name Edward Wiley
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Perkins
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U.S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway,

19 APR 12 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1943, at 5:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15, 1942, to Apr. 8, 1943, and that I last saw him alive on Apr. 8, 1943.

Immediate cause of death	Duration
Hydroperitoneum	6 months
Due to Adeno-carcinoma of the stomach with local penetration	About 1½ yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4/24/42-Gastroscopy 4/5/42-Biopsy wall of stomach
Major findings of operation: Inoperable carcinoma of stomach
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -

23. Signature Michael A. Steinhelfer M.D.
Address Baltimore, Md. Date signed 4/9/43

VS 150

Va. 12218

03131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03131 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 S.Eaton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 w & 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 S.Eaton St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence J.Knoble

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Catherine Loechel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1853

8. AGE: Years	Months	Days	If less than one day
89	8	16	14 hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)
10. Usual Occupation Moulder Retired
11. Industry or business

FATHER
12. Name not known
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Dora Retteger
15. Birthplace Baltimore Md.

16 (a) Informant Mrs James Oneill
(b) Address 220 S.Eaton St.

17 (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Zion Cemetery,
Location Stemmers Run Md.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.

19 (a) Filed APR 12 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1943, at 4 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3rd 1942 to April 7 1943, and that I last saw h[illegible] alive on April 2nd 1943

Immediate cause of death	Duration
a Dilatation of Heart	2 weeks
Due to Chronic Myocarditis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Jenkins M. D.
Address 100 N. Milton Ave Date signed 4/10/43

03132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 03132

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 E 21 St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 E 21 St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine L. Abell

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 4 1869

8. AGE: Years	Months	Days	If less than one day
74	3	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Edward M. Abell
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sally Moran
15. Birthplace Balto Md

16 (a) Informant Catherine L Lyons
(b) Address 21 E 21
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto. Md
18 (a) Funeral director Durward D. Courtney
(b) Address 21 W. 25th St.
19 (Date rec'd by registrar APR 12 1943) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1943 at 5 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1943 to April 8 1943 and that I last saw h alive on April 8 1943.

Immediate cause of death	Duration
Mitral Regurgitation — Decompensation	32
Due to Chronic Nephritis	3 y
Due to Chronic Nephritis	3 d
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thos F. Stevens
Address 2878 Hartford Av Date signed 4-9-43

VS 180

G 03133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Rosedale st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Rosedale st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Shelton Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Bessie L

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 9th 1876

8. AGE: Years 67 | Months 12 | Days 290 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Noxema Co

FATHER 12. Name Dr. John Shelton Hill

FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Katie Russell

MOTHER 15. Birthplace Balto. Md.

16 (a) Informant Emma Hill Paynter

(b) Address 2736 St. Paul st.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/12/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director William Bork Inc

(b) Address 1217 St. Paul St.

19 (a) Filed APR 12 1943 (b) Huntington Williams M.D. Health Officer

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9th 1943, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1943, to April 9 1943, and that I last saw h alive on April 9 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to: Arteriosclerosis & Hypertension — Duration: years

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature McBurney Hood M. D.

Address 2200 Garrison Blvd Date signed 3-10-43

correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 03134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 134a

G 03134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or Institution South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 636 E. Fort Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Delibaugh

3 (b) If veteran, name war	3 (c) Social Security Account No.
0	0

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Samuel Delibaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1892

8. AGE: Years	Months	Days	If less than one day
57	7	13	hr. min.

9. Birthplace Pennsylvania (Town, county and state)
10. Usual Occupation House Keeper
11. Industry or business

FATHER
12. Name Henry Leslie.
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Jane Dell
15. Birthplace Pennsylvania

16 (a) Informant Husband
(b) Address 636 E. Fort Ave.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway

18 (a) Funeral director Jas. L. McCauley
(b) Address 1536 Fort Ave.

19 (a) APR 12 1943 Registrar
VS 186 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1943 to 4-9 1943, and that I last saw her alive on 4-9 1943.

Immediate cause of death Uremia — Duration 4 days

Due to Pyelonephritis — Duration 6 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy Nephrectomy Pyelonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. D. Anderson M.D.
Address 1213 Light St Date signed 4/13/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03135
AB- 79902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03135
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo & 25 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 854 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Lichliter Maria Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-9844

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Stanley Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16- 1906

8. AGE: Years	Months	Days	If less than one day
37	1	26	hr. min.

9. Birthplace Detrick, Va.
(Town, county, and state)
10. Usual Occupation Presser
11. Industry or business

FATHER
12. Name Albert Lichliter
13. Birthplace Va.

MOTHER
14. Maiden Name Laura Shiffett
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (month) (day) (year)
(c) Cemetery or crematory Mountcastle Mem. Park
Location Dorsey Md.
18 (a) Funeral director S. C. Hunt & Son Jr.
(b) Address Ellicott City md
19 (a) APR 19 1943 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1943, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1943, to 4-12 1943, and that I last saw her alive on 4-12 1943.

Immediate cause of death: Pulmonary Tuberculosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
3 Mos.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Waite
Address Balto City Hosp. Date signed 4/19/43

VS 186

G 03136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 03136
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 262 S. Eaton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 262 Eaton St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Antony Masaniello Masaniello

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: late Antonia

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 7 1878

8. AGE: Years 64 | Months 5 | Days 4 | If less than one day: hr. min.

9. Birthplace: Italy
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: ?
13. Birthplace: Italy

MOTHER
14. Maiden Name: ?
15. Birthplace: Italy

16 (a) Informant: Marie Massaroni (Daughter)
(b) Address: 262 S. Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Old Frederik Rd. Baltimore Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) [illegible] Huntington Williams, M.D.
Registrar
APR 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 10 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & an inquest thereon and from the evidence obtained by said autopsy & inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert Lee Graham M.D.
Medical Examiner

Date signed April 11 1943

G 03137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03137 Registered No. 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 S Hunters ST (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gloria Chapman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/2/41

8. AGE: Years	Months	Days	If less than one day
2	-	7	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Chapman
13. Birthplace

MOTHER
14. Maiden Name Lorraine
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location B.C. County Md

18 (a) Funeral director Mrs Rose A. Elliott & Dept
(b) Address 1129 N. Caroline St

19 (a) (b) Registrar

APR 12 1943

MEDICAL CERTIFICATION 30

20. DATE OF DEATH April 9 1943 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9:00 Am 19 . to 10:10 Am 19 . and that I last saw her alive on 4-9 19 43

Immediate cause of death Cardiac failure — Duration

Due to Uremia, coccemia, & adrenal hemorrhage.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jesse J. Borden M. D.
Address Johns Hopkins Hosp Date signed April 13

03138

AB- 79952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 03138

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. & 22 Da.

(e) Length of stay in Baltimore (yrs., mos., or days) 1Yr. 2Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE

(If outside city or town limits, write RURAL and give town)

Street No. 603 N. Calvert St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME James Barnhill

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26-1912

8. AGE: Years	Months	Days	If less than one day
30	3	16/5	hr. min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual Occupation Orderly Work

11. Industry or business Various Hospitals

FATHER

12. Name Thomas Barnhill

13. Birthplace Scotland

MOTHER

14. Maiden Name Elizabeth Donley

15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Removal (b) Date thereof 4/11/43

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Cumberland Md.

18 (a) Funeral director Louis Stein Inc.

(b) Address Cumberland Md.

19 (a) (b)

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1943, at 7 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1943, to 4-11 1943, and that I last saw him alive on 4-11 1943.

Immediate cause of death

Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 10 ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature A S Hart

Address Balto City Hosp Date signed 4/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

G 03139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81a

G 03139

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hosp Woman's of Maryland 4 hours
(d) Length of stay in hospital or inst. (yrs., mos., or days) Hours
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Chapel Gate Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Valerie Lippe Deichmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1904

8. AGE: Years	Months	Days	If less than one day
38	7	16th	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name	Geo L. Deichmann
FATHER — 13. Birthplace	Balto Md.
MOTHER — 14. Maiden Name	Elizabeth Lippe
MOTHER — 15. Birthplace	Balto Md

16 (a) Informant Admission Blank
(b) Address Balto Md

17 (a) Burial (b) Date thereof Apr 13 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Henry W. Jenkins & Sons Co
(b) Address McCulloh & Orchard

19 (a) Date received by Registrar APR 13 1943 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1943, at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1943 to 4-10 1943 and that I last saw h m alive on 4-10 1943

Immediate cause of death	Duration
Temp. elevation to 109°	1 hour
Due to Cause not dfy. known - probably -	
Due to 1) Meningitis 2) Cerebral hemorrhage	
Other Conditions 3) Hypo parathyroidism	
Other conditions - none (Include pregnancy within 3 months of death)	

Date of operation none

Major findings of operation:

of autopsy: Nothing diagnostic grossly

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Franklin C. Fabel M. D.
Address Woman's Hosp. Date signed 4-11-43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 03140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03140 Registered No. 130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 546 St. Marys St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME JOHN BENJAMIN COOPER

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife: Rachael Brown (Dec.)
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) 5/20/1867

8. AGE: Years	Months	Days	If less than one day
55	10	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business -

FATHER
12. Name Charles Cooper
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Brown
15. Birthplace Md.

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Josiah S. Brown & Son
(b) Address 108 W Montgomery St

19 (a) APR 12 1943 Registrar
(b) Registrar's signature Hunter for Wm

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1943 at 2:42 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 29, 1943 to Apr. 8, 1943 and that I last saw him alive on Apr. 29, 1943

Immediate cause of death	Duration
Marked generalized cachexia & emaciation	Unk.
Due to Early toxic nephritis	Unk.
Due to	
Other Conditions Chronic ulcerations both legs, cause undt. (Include pregnancy within 3 months of death)	

Date of operation -
Major findings of operations: -
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify typical place)
(e) Means of injury
23. Signature C W Jones M.D.
Address Baltimore, Md. Date signed 4/8/43

VS 189

VA-12938

03141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 108

G 03141
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 90 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel Air
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Suits

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-7956

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cora Lee Suits
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct. 12-1883

8. AGE: Years	Months	Days	If less than one day
59	65	29	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name William K. Suits
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Jane -
15. Birthplace Va.

16 (a) Informant Cora Lee Suits
(b) Address Bel Air, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (month) (day) (year)
(c) Cemetery or crematory Oak Grove Cem
Location Harford Co. Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Pl

APR 12 1943
(Date filed by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1943, at 8:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1943 to 4-11 1943, and that I last saw h[illegible] alive on 4-11 1943.

Immediate cause of death Cardiac failure — Duration
Due to Coronary thrombosis
Due to
Other Conditions Lobar pneumonia

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. A. Leonard Jr. M. D.
Address Leonard's Hospital Date signed 4/14/43

VS 180

G 03142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 161

G 03142
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 Eutaw Pl
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Eutaw Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michel Leon Shaney

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Clara
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Chemical Eng.
11. Industry or business

FATHER
12. Name V Nitroum
13. Birthplace Russia

MOTHER
14. Maiden Name V Nitroum
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 Buried (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto Hebrew
Location Belair Rd

18 (a) Funeral director Clark Levin Inc
(b) Address 1439 E. Balto St.

19 (a) (Date rec'd by registrar) APR 12 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1943, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 3, 1943, to April 11 1943, and that I last saw him alive on April 11, 1943.

	Duration
Immediate cause of death: Coronary Thrombosis	10 hours
Due to Coronary Artery Disease (Angina Pectoris)	8 years.
Due to	
Other Conditions Diabetes Mellitus	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Cooper, MD M. D.
Address 2107 Park Ave Date signed 4/12/43

G 03143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

G 03143
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Oakford ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Eva Navesky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wilhelm
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 45. Months Days If less than one day hr. min.
9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Nathan Dalne
13. Birthplace Lith.

MOTHER
14. Maiden Name Rose Cohen
15. Birthplace Lith.

16 (a) Informant Nathan Navisky
(b) Address 3008 Oakford Ave
17. Burial (Burial, cremation, or removal) (b) Date thereof 4-12-43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Shaarie Zion
Location Randalle P.O.
18 (a) Funeral director Bart Lemmo Inc
(b) Address 1439 E. Balt St
19 (a) APR 19 1943 (Date filed by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1943 at 1 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1943 to 4-11 1943 and that I last saw h. P/ alive on 4-11 1943.

Immediate cause of death Pulm Edema
Cardiac asthma

Duration

Due to Left ventricular failure

Due to Hypertension & CV dis

Other Conditions Possible Pulm Embolism & Coronary occlusion.

(Include pregnancy within 3 months of death)
Date of operation 4-7-43 4-7-43

Major findings of operations: Thrombosis and adhesions, appendicitis, other conditions of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander L. Bookley M.D.
Address Sinai Hospital Date signed 4-11-43

correct age is especially important. Physicians: please write the cause to death clearly and legibly.

VS 8

Huntington Williams, M.D.

G 03144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03144 Registered No. 1318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 S Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S Highland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gardner L. Hewett.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-9003

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elsie Hewett

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct 1-1873

8. AGE: Years 69 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Conyngham Pa (Town, county, and state)

10. Usual Occupation Tool Maker

11. Industry or business Sharpener

FATHER 12. Name Richard Hewett
13. Birthplace Pa

MOTHER 14. Maiden Name Dorothy Lenar
15. Birthplace Pa

16 (a) Informant Elsie Hewett
(b) Address 128 S Highland Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)

(c) Cemetery or crematory St. Marks
Location Frederick Co. Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) [illegible] Kingsley Williams M.D. Address

APR 12 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943 to 19 and that I last saw [illegible] alive on April 10 1943.

	Duration
Immediate cause of death: Acute Cardiac Collapse	
Due to Myocardial Insufficiency	
Due to Chronic Nephritis	
Other Conditions Acute Bronchitis.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Gaynor M. D.

Address 156 N. Milton Ave Date signed 4/12/43

For Dr. C. Brosius
Howard J. Malfatti M.D.

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G 03145

G 03145 30821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 E. Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benedetta Anastasio

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife Pasquale
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept, 17, 1881

8. AGE: Years	Months	Days	If less than one day
61	6	22	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ? ?(D
13. Birthplace Italy

MOTHER
14. Maiden Name ?? (D
15. Birthplace Italy

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4420 Belair Road
18 (a) Funeral director Elmer W. Corbin & Son
(b) Address 924 E. Eager St
19 (a) Huntington Williams M.D. Registrar
(b) Date received APR 14 1938

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9 1938, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1938 to 4/9 1938, and that I last saw h[illegible] alive on 4/9 1938.

Immediate cause of death: Cerebral Accident — Duration: [illegible] Days
Due to: H.C.V.D.
Due to:
Other Conditions: Mild Malaria
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature Paul McGuire M. D.
Address B. C. H. Date signed 4/9/38

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statement of age is especially important.

3146

JL - 51535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03146

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 -3 - 6
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2542 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew A Rachuba

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 1875

8. AGE: Years	Months	Days	If less than one day
About 68	0	0	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Unemployed

FATHER
12. Name George Rachuba
13. Birthplace Poland

MOTHER
14. Maiden Name Margaret
15. Birthplace Poland

16 (a) Informant B. C. H.
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Trapp Rd

18 (a) Funeral director W. S. Fialkowski
(b) Address 2097 Eastern ave

19 APR 12 1943 (Date rec'd by Registrar) (b) Huntingdon Pennsylvania, Pa. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1943, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-3 1940 to 4-9 1943 and that I last saw h[illegible] alive on 4-9 1943.

Immediate cause of death	Duration
Cardiac Insufficiency	1 mo
Due to: Arteriosclerotic Heart Disease	yrs
Due to	
Other Conditions Arteriosclerotic Gangrene of Foot	

(Include pregnancy within 3 months of death)

Date of operation 4-12-43

Major findings of operation: Gangrene of Foot

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Klett M. D.
Address Balto City Hosp Date signed 4-9-43

VS 150

For space reserved for additional entries, see page 2. Physicians: please write the causes of death clearly and report. correct age is especially important.

G 03147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 650 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Thompson 80270

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1913

8. AGE: Years	Months	Days	If less than one day hr.	min.
29	8	16		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Thomas Drumgoole
13. Birthplace Va.

MOTHER
14. Maiden Name Queen Davis
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location McKinsey Virginia

18 (a) Funeral director A. Hahn
(b) Address 9 S. Howard

19 (a) (b) Registrar
APR 12 1943 Huntington Woods, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 43 5:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10. 1943. to Apr. 9 1943., and that I last saw her alive on Apr. 9 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 mos?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S. Heath M. D.
Address Balto City Hosp Date signed 4/10/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Please see that the information you give is correct as far as is known to you. Be sure that your answers to questions 20 to 23 are complete and correct as far as is known to you. Be sure that your answers to questions 20 to 23 are complete and correct are is especially important. Physicians: please write the causes of death clearly and legibly.

G 03148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03148 Registered No. 1487

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Gilmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosie Smith
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15-1925

8. AGE: Years	Months	Days	If less than one day
18	3	24	23 hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mead Palmer
13. Birthplace Va.

MOTHER
14. Maiden Name Eva Wolfe
15. Birthplace Pa.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) APR 12 1943 (Date rec'd by registrar) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/8, 43 19 , at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 19 43, to 4/8 19 43 and that I last saw h[illegible] alive on 4/8 19 43.

Immediate cause of death Toxemia of Pregnancy — Duration 5 days

Due to

Due to

Other Conditions Baby delivered 10 days ago (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dave Mattina M. D.
Address B. C. H. Date signed 4/[illegible]/43

Please write plainly. Physicians: please write the causes of death clearly and legibly. Undertakers: please see that the personal particulars are correct. Information regarding age is especially important.

G 03149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1706

G 03149
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 0 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Pierce St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PERCY THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace N.C.

MOTHER
14. Maiden Name ?
15. Birthplace

16. (a) Informant Miss Lillian Thomas
(b) Address 1416 N. 12 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 12 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18. (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19. (a) [redacted] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1943, at 12 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage, left pleural cavity — Duration

Due to: 3 wounds, multiple

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation: no

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ?
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-5-43 at 12 35 AM
(c) Where did injury occur? Franklin St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Pedestrian struck by auto

23. Signature H. J. Wollanschek M.D.
Asst Medical Examiner.

Date signed 4-5-43

VS 6

G 03150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03150 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to get correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 S. STRICKER St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 S. STRICKER St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elwood E. Whitcomb

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. 715-010-972

4. Sex MALE | 5. Color or race White | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife HELEN M. Whitcomb

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) March 7-1907

8. AGE: Years 36 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Garrison Md (Town, county and state)

10. Usual Occupation PIPE FITTER

11. Industry or business Ship Yards

FATHER 12. Name John W. Whitcomb
13. Birthplace Glyndon Md

MOTHER 14. Maiden Name ELLA M. LAWSON
15. Birthplace Carroll Co. Md

16 (a) Informant HELEN M. Whitcomb
(b) Address 306 S. STRICKER St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 13-1943 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel Cem. Location Baltimore County Md

18 (a) Funeral director Roth & B. McWalter
(b) Address Pratt & Stricker St

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

APR 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 10th 1943 at 6.20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to April 10 1943 and that I last saw h[illegible] alive on April 10 1943.

Immediate cause of death Rheumatic Heart Disease — Duration

Due to:

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S. Ogilvie St Date signed April 12, 43

G 03151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 03151 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1261 Riverside Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1261 Riverside Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel I Lindsay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F Male	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age 1908 years

7. Birth date of deceased (mo., day, yr.) May 19[illegible]

8. AGE: Years	Months	Days	If less than one day
36	10	17 20	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name W C Wood
13. Birthplace Culpeper Va

MOTHER
14. Maiden Name Minnie J Davis
15. Birthplace Culpeper Va

16 (a) Informant Mrs Minnie J Smead
(b) Address 1261 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marsch
(b) Address 745 Light St

19 APR 10 1943 (Date received) (Signature of Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20/42 19 to 19 and that I last saw her alive on April 8 19

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] B Holland MD
Address 1703 Eutaw St Date signed April 10 1943

VS 150

G 03152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1780

G 03152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2134 E. Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles J. Yensch

3 (b) If veteran, name war –
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Louisa –
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) March 13 1860

8. AGE: Years	Months	Days	If less than one day
83	–	25	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation none
11. Industry or business – –

FATHER
12. Name J Conrad Yensch
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Mrs Louisa A Rummel
(b) Address 1426 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. Fayette Ave

18 (a) Funeral director William M Marsch
(b) Address 715 Light St

19 (a) [redacted] (Signature of person in charge of burial) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 – 8 – 1943, at 5:40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained by Inspection + Autopsy and that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Asphyxiation — Duration
Due to Abdominal Injs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 8/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-6-43 at P. M
(c) Where did injury occur? 2134 E. Federal St Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury: Abdominal injs; gas gangrene

23. Signature Howard J Peterson M.D. Medical Examiner
Date signed 4-9-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 03153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G 03153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 East Randall st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Yr
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(b) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 East Randall St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Joseph ward

3 (b) If veteran, name war: Civil

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary F. Ward

6 (c) If living, give age years

7. Birth date of deceased (mo., day, yr.) June 13-1877

8. AGE: Years 70 | Months 10 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Edward Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Kelly
15. Birthplace Ireland

16 (a) Informant Mrs Mary F. Ward
(b) Address 418 E. Randall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Flynn & Flynn
(b) Address 1422 Light St.

19 (a) APR 12 1943 (Date received by Registrar) Registrar of Vital Statistics, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943 at 10.30 P.M.

21. I certify that death occurred on the date above stated that I attended deceased from March 1 1943 to April 10 1943 and that I last saw him alive on April 10 1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation,	
Acute Pulmonary Edema	1 day
Due to	
Due to Myocarditis	
Chronic Nephritis	not known
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Norris M. D.
Address 107 East west St. Date signed 4.10.43

G 03154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1107

G 03154 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3534 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs 7 mo. 5 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3534 Greenmount Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Anita Katherine Benson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5 1921

8. AGE: Years 21 | Months 7 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (State, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Earle V. Benson
13. Birthplace Maryland

MOTHER
14. Maiden Name Myrtle E. Otto
15. Birthplace Maryland

16 (a) Informant Earle V. Benson
(b) Address 3534 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 1943 (Month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) (b) Registrar

APR 12 1943

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943, to April 10 1943, and that I last saw her alive on April 10 1943.

Immediate cause of death: Broncho-pneumonia — Duration: 9 days.

Due to

Due to

Other Conditions Icteritis — 14 days.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earle V. Benson M.D.
Address 5111 York Rd Date April 11, 1943

M. D.

G 03155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03155
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 Druid Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ragan Young

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1924

8. AGE: Years	Months	Days	If less than one day
18	3	16	hr. min.

9. Birthplace New York New York
(Town, county, and state)
10. Usual Occupation Delivery boy
11. Industry or business

FATHER
12. Name Robert A. Young
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Hattie Brown
15. Birthplace Baltimore Md.

16 (a) Informant Robert A. Young
(b) Address 1821 Druid Hill Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem. Location Baltimore Md

18 (a) Funeral director Wm. Francis A. Hemsley
(b) Address 578 W. Biddle St

19 (a) (Date rec'd by registrar) (Registrar) Huntington Williams M.D.

VS APR 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10 1943, at 5:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1943, to 4/10 1943, and that I last saw h. alive on 4/10 1943.

Immediate cause of death Meningococcus meningitis — Duration 2 days

Due to Type 2A Meningococcus

Due to

Other Conditions Conjunctivitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret A. D. Smith M. D.
Address Sydenham Hosp. Date signed 4-10

G 03156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 03156 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 N Gilmor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Jasper H. Hancock

3 (b) If veteran, name war: —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	9	10		

9. Birthplace Campbell Co. Va. (Town, county, and state)
10. Usual Occupation Miner
11. Industry or business

FATHER
12. Name Jesse Hancock
13. Birthplace Va

MOTHER
14. Maiden Name Maria Fitts
15. Birthplace Va

16 (a) Informant (Son) Jesse Hancock
(b) Address 710 N. Gilmor

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-43 (month) (day) (year)
(c) Cemetery or crematory National Cem Location Baltimore Md.

18 (a) Funeral director Mrs. Francis A. Hemsley
(b) Address 57 E. W. Biddle St.

19 (a) APR 14 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943 at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7 1943 to April 7 1943, and that I last saw him alive on April 7 1943.

Immediate cause of death	Duration
Acute Coronary failure	
Due to Pneumonia - lobar	4 days
Due to Coronary (Occl)	
Other Conditions Hypertension arteriosclerosis	2 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Arteriosclerosis Coronary
of autopsy: Arteriosclerosis Coronary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C Osborne M. D.
Address Mercy Hospital Date signed 4/9/43

VS 180

Correct age is especially important. Physicians please write the cause of death clearly and legibly.

G 03157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03157
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Druid Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Joseph Brooks

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Abraham Brooks
13. Birthplace md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Sarah ayers
(b) Address 2204 McCulloh St

17 (a) Burial (b) Date thereof 4-14-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director George G. Nelson
(b) Address 1303 Presstman St

19 (a) APR 13 1943 Huntington for Baltimore, Md.
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9-1943, at 9 20 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-9-43

G 03158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 03158 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Riggs Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) march 4 1875

8. AGE: Years	Months	Days	If less than one day
68	1	5	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John H. Jones
13. Birthplace md

MOTHER
14. Maiden Name Margaret Owens
15. Birthplace md

16 (a) Informant Estella Young
(b) Address 1033 N. Carey St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 4-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto md

18 (a) Funeral director George H. Nelson
(b) Address 1307 Presstman St

19 (a) (Date rec'd) APR 13 1943 Nunzig for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943 at 11:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.

Date signed 4-10-43

M. D. B. 1200-9

✓ G 03159

G 03159 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2456 Druid Hill Ave Ward) 13

Length of residence in city or town where death occurred 16 yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rosa Lee Morris

(a) Residence: No. 2456 Druid Hill Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Colored.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Morris

6. DATE OF BIRTH (month, day, year) Jan 11, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	2928	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Selma, Ala.

FATHER

13. NAME Isaac Thomas

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Katie Canty

16. BIRTHPLACE (city or town) (State or country) Talt

17. INFORMANT Bernice Morris

(Address) 2456 Druid Hill ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem. Date 4-13- 1943

19. UNDERTAKER George H. Wilson

(Address) 1303 Pressman St

20. FILED APR 12 1943 Theodore McKeldin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1943

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1943 to April 9, 1943

I last saw he alive on April 8, 1943. Death is said to have occurred on the date stated above, at 12:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/30/43

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Donald Bando M. D.

(Address) 2456 Druid Hill Ave.

OCCUPATION is very important. See instructions on back of certificate.

G 03160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 03160 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Colored Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Woodland Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sarra R Gamber (GAMBER)

3 (b) If veteran, name war None
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Martin Gamber
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 6 1889

8. AGE: Years	Months	Days	If less than one day
53	8	4	hr. min.

9. Birthplace Watford [illegible] County, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name William T. Slade
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E. Boarman
15. Birthplace Maryland

16 (a) Informant Martin Gamber
(b) Address 3024 Woodland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lennon
(b) Address 4711 Park Heights Ave.

19 (a) APR 12 1943 (Registered by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26, 1943, to April 10 1943, and that I last saw h[illegible]R alive on April 10, 1943.

Immediate cause of death
Renopia Lung Failure
Cardiac Failure
Due to Aplastic Anemia
Due to Carcinoma Ovary
Other Conditions (None)
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration: Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Kafer
Address Mercy Hospital Date signed 4/10/43

03161 mgm 80186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03161 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltol City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Holbrooke St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Giblin

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Catharine (Parlett)
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1887

8. AGE: Years	Months	Days	If less than one day
55	3	21	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None (Retired)
11. Industry or business City Laborer.

FATHER
12. Name Patrick Giblin
13. Birthplace ? Ireland

MOTHER
14. Maiden Name Bridgett Killdeff
15. Birthplace ? Balto Md

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md

18 (a) Funeral director George J. Kuntz Jr.
(b) Address 735 Hanover Ave

19 APR 12 1943 (Date filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1943 at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5/43 19 to 4/10 19 43.
and that I last saw h[illegible] alive on 4/10 19 43.

Immediate cause of death Cerebrovascular Lesion — Duration Hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address B.C.H. Date signed 4/10/43 M.D.

VS 180

G 03162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. G-03162

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6320 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-6-3
(e) Length of stay in Baltimore (yrs., mos., or days) 18-6-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6320 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sister Lucia Young (Mary Ellen Young)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8 1866

8. AGE: Years	Months	Days	If less than one day
76	6	3	hr. min.

9. Birthplace Petersburg, Virginia (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name Richard Alexander Young
13. Birthplace Oak Hill, N. Carolina

MOTHER
14. Maiden Name Mary Ellen Jagette
15. Birthplace Oak Hill, N. Carolina

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Hope
Location Baltimore

18 (a) Funeral director Sherwood Memorial Co.
(b) Address 108 W. Monument St.

19 (a) (Date rec'd by registrar) APR 12 1943 (b) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to April 11 1943, and that I last saw her alive on April 11 1943.

Immediate cause of death	Duration
Carcinoma of left breast	10 mos
Due to Carcinomatosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stephen P. Mayer M. D.
Address 3916 Underwood St. Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

✓ G 03163 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Hermosa Avenue
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXXX
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto. City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Hermosa Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3 (a) FULL NAME WILLIAM GEORGE INSLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Mariah Jane Insley
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1863

8. AGE: Years	Months	Days	If less than one day
79	6	18	..... hr. ..... min.

9. Birthplace near Cedar Creek, Dorchester Co., Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business owner - Grocery Store

FATHER
12. Name William H. Insley
13. Birthplace near Cedar Creek, Dorchester Co. Md

MOTHER
14. Maiden Name Catherine Stewart
15. Birthplace nr. Cedar Creek, Dorchester Co. Md

16 (a) Informant Mrs. A. Clark Wallace, Daughter
(b) Address 2600 Hermosa Ave., City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue, Balto. Co., Md.

18 (a) Funeral director Jos. Jenkins Son
(b) Address 1617 Park Ave.

19 (a) [redacted] (b) [redacted] Registrar
VS 3
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1943, at 7.6 M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 10 1940, to April 8 1943, and that I last saw him alive on March 9 1943

Immediate cause of death Coronary Occlusion — Duration 0

Due to

Due to

Other Conditions Chronic Appendicitis 4 years
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

Was autopsy? no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence none at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury none

23. Signature L. L. Gordy M.D.
Address 5106 Harford Rd. Date signed 4/9/43
M. D.

G 03164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 03164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3005 Guilford Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED.
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Guilford (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Louise Vogt

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Geo. W. B. C. Vogt
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 12 1856

8. AGE: Years	Months	Days	If less than one day
86	9	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Charles Twele
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea Young
15. Birthplace Germany

16 (a) Informant Mrs. Rose Vogt Claythorn
(b) Address 3005 Guilford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore
18 (a) Funeral director Stewart & Hannis Co.
(b) Address 108 W. Mt. Ave.
19 (a) _____ (b) Registrar
(Date received by registrar)

VS 3 APR 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943 at about 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from over 24 years 19 , and that I last saw her alive on Apr. 10 1943.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Fever 4 years
Due to 2nd. Attack 4 days
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation: no
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury

23. Signature Henry A. Bayley M. D.
Address 2805 N. Calvert Date signed Apr. 11/43

correct age is especially important. Physicians: please write the cause of death clearly and

G 03165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03165

correct age is especially important. Physicians: please write the causes of death clearly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2939 Belmont Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 47yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2939 Belmont Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Alexander Gott

3 (b) If veteran, name war — No —

3 (c) Social Security Account No. — No —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary Alice Gott
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 4. 1857

8. AGE: Years	Months	Days	If less than one day
85	8	6	hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

FATHER
12. Name John T. Gott
13. Birthplace Maryland

MOTHER
14. Maiden Name Could not ascertain
15. Birthplace Maryland

16 (a) Informant Mrs. Katherine A. Phillips (Daughter)
(b) Address 2939 Belmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn

18 (a) Funeral director Stuart Memorial Co.
(b) Address 1018 N. Monroe St.

19 (a) APR 12 1943 (Date received by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10 1943 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943, to April 1943 and that I last saw h alive on 4/10 1943

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Klenck M. D.
Address 4310 Liberty Ht. Date signed 4/12/43

VS 3

G 03166 ✓ G 03166

JL - 80519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Harford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Scherer

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-5138

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife Louise ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1906

8. AGE: Years	Months	Days	If less than one day
36	6	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name William Charles
13. Birthplace Md

MOTHER
14. Maiden Name Mary Meagle
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto. Md.

18 (a) Funeral director J. J. Fahey Sons
(b) Address 13 E. Biddle St.

19 (a) [illegible] (b) [illegible] Williams, M.D.

A.D. 1-8
VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1943. at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23- 1943. to 4-10 1943. and that I last saw him alive on 4-10 1943

Immediate cause of death: Pulmonary Tuberculosis — Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S. Hartz
Address Balto City Hosp Date signed 4/10/43

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 03167

CERTIFICATE OF DEATH

X 181 G 03167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward) 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice King 7

If U. S. Veteran, specify WAR. Harford

(a) Residence: No. St., Ward. Street, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph King

6. DATE OF BIRTH (month, day, year) April 1st, 1864 her

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	-	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co., Pa

FATHER

13. NAME Abraham Chanell

14. BIRTHPLACE (city or town) (State or country) York Co., Pa.

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) York Co., Md

17. INFORMANT Edgar King

(Address) Street, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Same Cem. Date 4/14, 1943

19. UNDERTAKER Thomas Shaffer

(Address) Forest Hill, Md.

20. APR 12 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11/43, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and find that said deceased came (Inquest, Autopsy or Inquiry)

death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second + Third Degree Burns, Posterior Surface Buttocks, Hips + Thighs.	
Chronic Myocardial Degeneration.	

Other contributory causes of importance:

Right Side Hemoplegia.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 4/3, 43

Where did injury occur? Street, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Clothing caught fire

Nature of injury 2nd + 3rd Degree Burns.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hugh B. McAlby M. D.

(Address) 700 Flat St. Coroner

V 8 6

G 03168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 03168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden Ave
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 1503 Windemere Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES R CARROLL

3 (b) If veteran, name war W

3 (c) Social Security Account No. 705-12-1894

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4, 1868

8. AGE: Years 74 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Retired Engineer

11. Industry or business

FATHER
12. Name Richard Carroll
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Eaton
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/14/43 (month) (day) (year)
(c) Cemetery or crematory London Park C
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

APR 12 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11/ 19 43 at 11A.M M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 19 43 to 4/11 19 43 and that I last saw him alive on 4/10 19 43

Immediate cause of death: Carcinoma of liver — Duration

Due to

Due to

Other Conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy Yes as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollanweber M. D.
Address 3301 N. Charles st Date signed 4-11-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03169 ✓ G 03169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dorsey Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Guilford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Morton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 1 day | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Darwin Morton
13. Birthplace Webster D C

MOTHER
14. Maiden Name Genevive Smith
15. Birthplace Balto Md

16 (a) Informant Mrs Genevive Morton
(b) Address 1602 Guilford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12 42 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Howland Ave

18 (a) Funeral director Wm H. Valentine
(b) Address 1943 Dickeyn St.

19 (a) APR 12 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10- 1943, at 4:17 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10-1943 to 4-11 1943 and that I last saw h[illegible] alive on 4-11 1943.

Immediate cause of death — Duration

Due to Pneumonia

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Hess M. D.
Address 926 Wilson Date signed 4/11/43

Huntington Williams, M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

G 03170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1710

G 03170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 S. Macon St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME AUGUST (or) Augustin GIPPRICH

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-05-6576

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1892

8. AGE: Years	Months	Days	If less than one day
51		25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Truck-helper
11. Industry or business S-K - American Brewery

FATHER
12. Name Joseph Gippricy
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna Behner
15. Birthplace Baltimore, Md.

16 (a) Informant Christina Spann
(b) Address 301 S. Macon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director M. W. E. Oppold's Sons
(b) Address Homewood & Ann Sts.

APR 12 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

AT

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943, at 10:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 9, 1943 at 2:45 P.M
(c) Where did injury occur? on front of 1200 N Eden St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Special type of place) While at work? No
(e) Means of injury Pedestrian, struck by street car

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 4-10-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03171

G 03171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 W Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 W Franklin St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamen Brooks

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Rebecca Brooks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1886

8. AGE: Years	Months	Days	If less than one day
56	5	29	hr. min.

9. Birthplace St Mary's Co. Md (Town, county, and state)

10. Usual Occupation Sailor

11. Industry or business

FATHER
12. Name Joseph Brooks
13. Birthplace Md.

MOTHER
14. Maiden Name Nellie Hill
15. Birthplace Md.

16 (a) Informant Joseph A. Brooks
(b) Address 617 W Franklin A

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Mrs Katie R. Wolfe
(b) 1 N Schroeder St

19 (a) (Date rec'd by registrar) APR 14 1943 (Name of hospital or institution)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1943, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1943, to April 8 1943, and that I last saw h alive on March 31 1943.

Immediate cause of death	Duration
Carcinoma of Stomach	9 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. William Frey M. D.
Address 1928 Pennsa Ave Date signed 4/9/43

VS 1

G 03172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

G 03172 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 W Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 W Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert H Caldwell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	col	Married

6 (b) Name of husband or wife Carrie Caldwell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-28-1862

8. AGE: Years	Months	Days	If less than one day
81	-	11	hr. min.

9. Birthplace Westminster Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Caldwell
13. Birthplace Westminster - Md

MOTHER
14. Maiden Name Jane Bailey
15. Birthplace Westminster - Md

16 (a) Informant Ethel Morrison
(b) Address 634 N. Wilson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans - Md

18 (a) Funeral director Mrs Hattie R. Williams
(b) Address 322 N Schroeder St

19 4-9-1943 Huntington Williams (Signature of Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9- 1943 at 6 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/43 to 4-9-43 and that I last saw him alive on 4-9 1943.

Immediate cause of death	Duration
Chronic Cardio-Renal Disease, Arteriosclerosis	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H H Harman
Address 600 Edmondson Ave Date signed 4-9-43

G 03173

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03173
CERTIFICATE OF DEATH 30 D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 758 Bradley St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME AVON N. TINSLEY

3 (b) If veteran, name war World's War
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Mar.

6 (b) Name of husband or wife Lulm Butts
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) May 21, 1899

8. AGE: Years	Months	Days	If less than one day
43	10	17	- hr. - min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Porter, P.R.R.
11. Industry or business P.R.R.

FATHER
12. Name James Tinsley
13. Birthplace ?

MOTHER
14. Maiden Name Jennie ?
15. Birthplace ?

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Irvington -

18 (a) Funeral director Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) 19 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH April 8, 1943, at 8:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1, 1943 to Apr. 8, 1943, and that I last saw him alive on Apr. 8, 1943

Immediate cause of death Cardiac decompensation with nearly complete occlusion of descending branch of lt. coronary artery — Duration Unk.

Due to Arteriosclerosis — Unk.

Other Conditions Syphilitic aortitis

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation: -

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. S. Bran M. D.
Address Baltimore, Md. Date signed 4/9/43

VS 150

No. 12953

G 03174

T.N 80615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1 a

Registered No. G 03174

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ENTRY RESERVED FOR READING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 949 Bennett Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Fax

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	C.	Widowed

6 (b) Name of husband or wife Charles (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50				

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Charles Green
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence ?
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Sandgap, md

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) 4-12-1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9 1943, at 6 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7/43 19 to 4/9 1943.
and that I last saw h alive on 4/9 1943

Immediate cause of death: Uraemia — Duration: 10 days
Due to: Nephrosclerosis — 1 year
ACD
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mott M. D.
Address BCH Date signed 4/11/43

VS 150

G 03175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 03175
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be checked or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 E 33rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GROVER C. GLADDEN.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race W.
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 11-25-1884
8. AGE: Years 58 | Months 4 | Days 15 | If less than one day hr. min.
9. Birthplace Chance Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name George Gladden
13. Birthplace Md

MOTHER
14. Maiden Name Mary Windsor
15. Birthplace Md

16 (a) Informant Mrs Lorraine Forrester
(b) Address 101 E 33rd St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-43. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.
18 (a) Funeral director A Lee Oder
(b) Address 4644 York Rd.
19 (a) [illegible] Williams M.D. Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943 at 2.20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1943. to 4/10 1943., and that I last saw h. alive on 4/10 1943.

Immediate cause of death: Carcinoma of stomach — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Raul A Mangunaro M. D.
Address 1213 Light Street Date signed 4/10/43

APR 14 1943

G 03176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

G 03176 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 Roslyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Roslyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME MARGARET ELIZABETH WAIDNER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: f

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Harry F. Waidner

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 4, 1876

8. AGE: Years: 67 | Months: 1 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: John Klein
13. Birthplace: Germany

MOTHER
14. Maiden Name:
15. Birthplace: Germany

16 (a) Informant: Mr. Harry F. Waidner
(b) Address: 2408 Roslyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) APR 12 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943 at 7P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Carbon monoxide poisoning — Duration:
Due to:
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: April 9, 1943 at 6P M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury: gas from kitchen stove

23. Signature: H. L. Wallenmeyer M.D.
Acting Medical Examiner.
Date signed 4-9-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 03177

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03177

CERTIFICATE OF DEATH 12/a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 646 S. Decker Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 S. Decker Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CARL FRANKLIN HARPER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 705-12-1674

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Barbara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1872

8. AGE: Years	Months	Days	If less than one day
71	0	29	hr. min.

9. Birthplace Loudon Co., Va. (Town, county, and state)
10. Usual Occupation B. & O.
11. Industry or business

FATHER
12. Name Jabis Harper
13. Birthplace Va.

MOTHER
14. Maiden Name Georgianna Harper
15. Birthplace Va.

16 (a) Informant Mrs. Barbara Harper
(b) Address 646 S. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

APR 12 1943 (Date Filed) Huntington Williams M.D. (Registrar)

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1943, at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1943 to Apl 10 1943, and that I last saw alive on Apl 10 1943.

Immediate cause of death — Duration

Due to Chronic interstitial Nephritis. — 2 yrs

Due to Arteriosclerosis — 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jonkid C Blake M. D.
Address Med. Arts Bldg. Date signed

G 03178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55c

G 03178

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 S Clinton St (If rural give location)
(e) Citizen of foreign country? (Yes or ~~No~~) If yes, name country

3 (a) FULL NAME Mrs. Catherina Lewandowski

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anton

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 11-25-1890

8. AGE: Years 52 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Andrew Paszka

13. Birthplace Poland

MOTHER 14. Maiden Name Ruthowska

15. Birthplace Poland

16 (a) Informant Anton Lewandowski

(b) Address 1204 S Clinton St

17 (a) B (Burial, cremation, or removal) (b) Date thereof 4-14-43 (month) (day) (year)

(c) Cemetery or Crematory St Stanislaus

Location Dundalk Md

18 (a) Funeral director John J Kuda

(b) Address 2819 Hudson St

19 (a) Filed APR 19 1943 (b) Signature of registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1943 to 4-10 1943, and that I last saw h[illegible] alive on 4-10 1943

Immediate cause of death	Duration
Metastatic Carcinoma-generalized	?
Due to Carcinoma Thyroid	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krug M.D.

Address Bon Secours Hosp Date signed 4-10-43

VS 1

Please write plainly, with pen and ink. Give full information under each item. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03179

JL - 80884

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03179 Registered No.

CERTIFICATE OF DEATH 13 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Lark

3 (b) If veteran, name war

3 (c) Social Security Account No. 248-26-3491

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1910

8. AGE: Years	Months	Days	If less than one day
33	0	25 24	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Fairfield Shipyard

FATHER
12. Name Perry Lark
13. Birthplace S. C.

MOTHER
14. Maiden Name Laura Cole
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)
(c) Cemetery or crematory St. Caroline
Location Florence S. C.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) 4-13-1942 (b) (Date received by Registrar)

ADR
VS 150

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1942 to 4/10 1942, and that I last saw him alive on 4/10 1942.

Immediate cause of death: Pulmonary TBC — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mathus M. D.

Address B. C. H. Date signed 4/11/42

Jno. O. K. L. Graham
Howard J. Madaris, M.D.

03180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 W

G 03180
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 Eutaw Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Eutaw Street
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME George L. Krichton

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1882

8. AGE: Years	Months	Days	If less than one day
61	2	13	12 hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Trunk maker
11. Industry or business

FATHER
12. Name George A. Krichton
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Henrietta Hubner
15. Birthplace Balto. Md.

16 (a) Informant Henrietta Krichton
(b) Address 1120 Eutaw Street

17 (a) Burial (b) Date thereof 4/14/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard H. Blight & Son
(b) Address 4914 Belair Road

19 APR 12 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11- 1943, at 1.50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection, Autopsy on the date and from the evidence obtained by me Inspection, Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Carcinoma of Esophagus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 4-12-43

VS 6

03181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. 03181

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy 26-16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Brooklyn Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 6611 Gray Ave. Garage (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			16 hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Donald F. Walton
13. Birthplace Conn.

MOTHER
14. Maiden Name Florence Bristol
15. Birthplace Conn.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 12 1943
18 (a) Funeral director Commissioner of Health
(b) Address
19 APR 12 1943 (Signature of local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 7:4 M
21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1943 to 4-7 1943, and that I last saw h[illegible] alive on 4-7 1943.

Immediate cause of death: Prematurity — Duration: 16 hours
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. D.
Address Mercy Hospital Date signed 4-10-43

VS 180

9981

03182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157C

Registered No. C 03182

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since birth
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: (Parents)
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 E. Pratt St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/4/43

8. AGE: Years	Months	Days	If less than one day
			hr. 10 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Edward Kelly
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Clara Beatty
15. Birthplace Baltimore Md

16 (a) Informant Mrs Clara Kelly
(b) Address 1710 E. Pratt St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 12 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 12 1943 (b) Harrington Williams M.D.
(Registrar's signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943, at 5:10 P.M.

21. I certify that death occurred on the date and hour stated; that I attended deceased from 4/4 1943, to 4/4 1943 and that I last saw her alive on 4/4 1943.

Immediate cause of death Pneumonia Malic Marasmus

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Sherman M. D.
Address Johns Hopkins Hosp Date signed

I hereby certify that I have investigated the cause of death of the person named above, and that the information given is correct and complete to the best of my knowledge and belief. Physicians: please write the causes of death clearly and legibly. Date of birth is especially important.

19980

03183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 03183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 St. Johns Rd
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 St. Johns Rd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abortion Glade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1943

8. AGE: Years | Months | Days | If less than one day: 12 hr. 10 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Charles Glade
13. Birthplace Keyesville N.Y.

MOTHER
14. Maiden Name Julia Wyatt
15. Birthplace Baltimore Md.

16 (a) Informant Julia Glade
(b) Address 610 St. Johns Rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL APR 12 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) Date (month) (day) (year) (b) Huntington Williams M.D. Registrar

APR 12 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1943 at 11 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1943 to March 1943 and that I last saw her alive on 19

Immediate cause of death Atelectasis
Prematurity
38 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

1 Further.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Davis M.D.
Address University Date signed 3/31/43 M. D.

correct age is especially important; physician, please write plainly

1997

G 03184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 03184
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 N. Gilmor St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Gilmor St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Augusta Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Fem
5. Color or race col
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Squire Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June - 15 - 1891

8. AGE: Years 51 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Howard - Co. md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Gus. Holland
13. Birthplace Howard - Co. md

MOTHER
14. Maiden Name Eliza Cure
15. Birthplace Howard - Co. md

16 (a) Informant Etta Spencer
(b) Address 538 N. Gilmor

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 - 12 - 43 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville, Md

18 (a) Funeral director Thos Kane & Williams
(b) Address 322 N Schroeder St

19 APR 12 1943 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 7 1943, at 2:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 4 1943, to Apr. 7 1943, and that I last saw alive on Apr 5 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days

Due to: Hypertensive Heart Disease — ?

Due to —

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature C. N. Pifer M. D.
Address 5366 Lanvale St Date signed 4/13/43

Correct age is especially important. Physicians please write the name of the county in full.

VS 8

G 03185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

G 03185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4507 Maine Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Anderson Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1863

8. AGE: Years	Months	Days	If less than one day
80	2	26	hr. min.

9. Birthplace Ohio (Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Stacker Williams
13. Birthplace Wales

MOTHER
14. Maiden Name Mehalia Newton
15. Birthplace England

16 (a) Informant Margaret M. Williams
(b) Address 4507 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Harry N. Armgeost
(b) Address 4204 Ridgewood Ave

19 (a) Apr 12 1943 (Date received by Registrar) (b) Timothy F. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943. at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1943. to 4/11 1943. and that I last saw him alive on 4/11 1943.

Immediate cause of death Cerebral Thrombosis. — Duration

Due to Acute Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Krapf Jr.
Address Md. Gen. Hosp. Date signed 4/11/43

Correct age is especially important. Physicians: please write the causes of death clearly and

G 03186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 03186

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 324 Stinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 Stinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Wiedey.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None.

4. Sex: Female | 5. Color or race: White. | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Charles Wiedey.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April-26-1859.

8. AGE: Years 83 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore - Md. (Town, county, and State)

10. Usual Occupation House wife.

11. Industry or business At home.

FATHER
12. Name Jacob Mahle.
13. Birthplace Germany.

MOTHER
14. Maiden Name Caroline Schwartz.
15. Birthplace Germany.

16 (a) Informant Miss Emma Wiedey.
(b) Address 324 Stinson St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof April 14-43. (month) (day), (year)

(c) Cemetery or crematory Baltimore Cemetery.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) Date received APR 13 1943 (b) Registrar Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April, 11th. 1943. at 12.20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942 to Apr 11 1943 and that I last saw h alive on Apr 10 1943

Immediate cause of death

Due to Myocardial Failure

Due to Arteriosclerosis

Antecedent causes: Due to Chronic Interstitial Nephritis

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Duration
5 days
6 yrs
24 hrs

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Haywood Kahler, M.D.

Address 7027 Wrenth Date signed 4/12/43

03187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 03187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 Block, 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City Balto. Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3315 Guilford Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph John Droescher
3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Mrs A. D. Droescher
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 9, 1880
8. AGE: Years 62 Months 9 Days 1 If less than one day hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Maintenance Man
11. Industry or business Electrical Fixtures
FATHER 12. Name Adolph Droescher (D)
13. Birthplace Baltimore Md, Germany
MOTHER 14. Maiden Name Lena [illegible] (D)
15. Birthplace Germany
16 (a) Informant Wife
(b) Address 3315 Guilford Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md
18 (a) Funeral director Wellington Lee
(b) Address 1219 E. Fort Ave
APR 13 1943 (Date received by Registrar) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943, at 11:40 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1943, to 4-10 1943 and that I last saw h[illegible] alive on 4-10 1943.
Immediate cause of death Cardio-respiratory failure — Duration
Due to Cerebro-Vascular accident
Due to Hypertension or sequellae from air impaction alone testify.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 4-10-43
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. F. MacVane, Jr. M. D.
Address Union Mem. Hosp. Date signed 4/10/43

VS 180

03188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 03188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
~~(b) Subdivision~~ Mercy Hosp. 2
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. 04 12
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 E 29th
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME William M. Farrell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Cora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
76			hr. 18 min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Carpenter Retired

11. Industry or business

FATHER
12. Name Patrick Farrell
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget (Unknown)
15. Birthplace Ireland

16 (a) Informant Mrs. Caroline Byer
(b) Address 2853 Greenmount ave

17 (a) Burial (cremation, or removal) (b) Date thereof 4/13/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore Md

18 (a) Funeral director Wilson & Doe
(b) 1717 E Fort Ave

APR 13 1943
19 (a) (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943, at 6.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~in query~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~in query~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed April 11 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 03189 Kramer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

Registered No. G 03189

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 856 W Hoyette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 856 W Hoyette St (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude M Reynolds

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Albert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28 1896
8. AGE: Years 46 Months 3 Days 14 If less than one day hr. min
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick Reedy
13. Birthplace Ireland

MOTHER
14. Maiden Name Ella Price
15. Birthplace Md

16 (a) Informant Albert Reynolds
(b) Address 856 W Hoyette St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43 (Month) (Day) (Year)
(c) Cemetery or crematory Mowbray Grove
Location Baltimore Md
18 (a) Funeral director Hallmon & Price
(b) Address 1700 Eutaw St

APR 13 1943 (Date rec'd by Registrar)
(b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 12 1943. at 8 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1940 to April 12 1943 and that I last saw h alive on April 5 1943.

Immediate cause of death
Cerebral Embolism. Duration 1 hour

Due to Rheumatic Heart Disease 3 years.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schofield M. D.
Address 730 Cathedral St Date signed 5/12/43

G 03190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 03190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 N. Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 N. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (Gordon) George Tinsley Herzog

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary H. Herzog

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 1888

8. AGE: Years 54 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Ga (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name George Herzog

13. Birthplace —

MOTHER 14. Maiden Name Harriet R Jetar

15. Birthplace Ga

16 (a) Informant Mrs Jacob S Robeson

(b) Address Riviera Beach Md

17. Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (month) (day) (year)

(c) Cemetery or crematory Patapsco

Location Baltimore Md

18 (a) Funeral director Hilton & Lore

(b) Address 1217 E Fayette St

19. (DO NOT WRITE IN THIS SPACE) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943, at 2:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy or inquiry thereon and from the evidence obtained by said autopsy or inquiry found that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Was autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner

Date signed April 10 1943

VS 6

G 03191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 03191

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Doctors Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 W Mulberry (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Infant Boorten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 1 day | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Walter Boorten
13. Birthplace West Va.

MOTHER 14. Maiden Name Ruby Hughes
15. Birthplace Sykesville Md

16 (a) Informant Walter Boorten
(b) Address West Va

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or Location JOHN HOPKINS MEDICAL SCHOOL APR 12 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) APR 13 1943 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2-1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1-1943 to 4-2-1943 and that I last saw h[illegible] alive on 4-2 1943

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Hyman M. D.
Address 1934 Wilkens Ave Date signed 4/10/43

1998

G 03192 Cor.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

G 03192
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3360 Chestnut Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3360 Chestnut Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Emma Case.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow.

6 (b) Name of husband or wife James Case.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1856

8. AGE: Years	Months	Days	If less than one day
86	7	4	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John H. Engle.
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah E. Bradley.
15. Birthplace Md.

16 (a) Informant Lucilla E. Pea.
(b) Address 3360 Chestnut Ave.

17 (a) Burial. (b) Date thereof April 13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Federal Road

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (b) Huntington Williams M.D.
(Date received by Registrar) 3429 Chestnut Ave

APR 13 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1943. at 5-A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943. to April 10 1943
and that I last saw him alive on April 9 1943

Immediate cause of death Myocardial failure

Due to

Due to Arteriosclerotic Cardiac degen

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration
2 y.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Huntington Williams M.D.
Address 3429 Chestnut Ave Date signed 4/10/43

G 03193

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03193 Registered No.

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3647 Elm Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3647 Elm Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah L. Thomas.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed.

6 (b) Name of husband or wife: Charles E. Thomas

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 3 1857

8. AGE: Years 85 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Milford J. Thomas.
(b) Address 3647 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Elm Ave.

APR 13 1943 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1943, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1943 to April 12 1943 and that I last saw h[illegible] alive on April 12 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to: Cardio-renal-Vascular Disease. — 10 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Nelson
Address 617 W. 40th St Date signed 4/13/43 M.D.

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

VS 180

G 03194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03194
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 E Lafayette Ave
(c) Hospital or institution:
8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 E. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN THOMAS FOSTER

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-1514

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Eva E. Foster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1873

8. AGE: Years 69 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Cement finisher

11. Industry or business

FATHER
12. Name Joseph Foster
13. Birthplace Md.

MOTHER
14. Maiden Name Neal ?
15. Birthplace

16 (a) Informant Dorothy Dabbins
(b) Address 917 E. Lafayette ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13- 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director C. Kenyon Butler Jr.
(b) Address 17 Chestnut Ave.

19 (a) APR 13 1942 (Date rec'd by registrar) [illegible], Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942, at 11:35 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest), find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary thrombosis — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed: 4-10-42

VS 6

G 03195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 03195 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 E.Fayette St.
(c) Hospital or institution:
6-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 E.Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Snitker

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Henry Snitker Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1851

8. AGE: Years	Months	Days	If less than one day
91	8	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Kratz
13. Birthplace Balto.Md.

MOTHER
14. Maiden Name Annie Bork
15. Birthplace Balto.Md.

16 (a) Informant Henry Snitker Jr.
(b) Address 2100 E.Fayette St/

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

APR 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10th 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 11 43 19 to Apr 10 43 and that I last saw h 2 alive on Apr 10 1943.

Immediate cause of death: Senility
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed [illegible] M. D.

G 03196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03196 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 E. Oliver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Levi Bish 80798

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Margaret Bish
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1889

8. AGE: Years	Months	Days	If less than one day
53	3	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Produce Dealer
11. Industry or business Self

FATHER
12. Name Simon Bish
13. Birthplace Md.

MOTHER
14. Maiden Name Angelina Morris
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15/43 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Baltimore

18 (a) Funeral director Philip Hering Sons
(b) Address 2034 Eastern Ave.

19 (a) APR 13 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 6 1943, to Apr. 11 1943, and that I last saw h im alive on Apr. 11 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 3½ yrs?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature A.S. Hyatt M.D.
Address Balto City Hosp Date signed 4/13/43

G 03197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 03197
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LEAVE MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Cumberland St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Cumberland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Jane Lake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Wm. H. Lake
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1878

8. AGE: Years	Months	Days	If less than one day
64	11	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Stevens
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Howard
15. Birthplace Md.

16 (a) Informant William H. Lake
(b) Address 607 Cumberland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 Apr 19 1943 (b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

A

20. DATE OF DEATH April 12, 1943, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5-43 19 to 4-12-1943 and that I last saw her alive on 4-12 19 43.

Immediate cause of death

	Duration
Metastatic Carcinoma Lung	7 mos.
Due to Carcinomatosis	-
Due to Carcinoma of Rt Breast	940
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation — 1940
Major findings of operation: Carcinoma of Right Breast
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 773 Madison Ave Date signed 4/27/43

G 03198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03198

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4108 Groveland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ****
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Groveland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E.Powers

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: Wht.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mervin M.Powers

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 15, 1880

8. AGE: Years 62 | Months 11 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name John A.Jacobs
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Ruhl
15. Birthplace Balto. Md.

16 (a) Informant Mervin M.Powers
(b) Address 4108 Groveland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director Robert S.Little
(b) Address 2700 Edmondson Ave.

19 (a) APR 13 1943 (Date rec'd by Registrar) (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943, to Apr 12 1943, and that I last saw her alive on Apr 11 1943.

Immediate cause of death: Acute Coronary disease — Duration: 1 day

Due to Arteriosclerosis. — 2 Months

Due to Melancholia.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury

23. Signature Charles J. Mills M. D.
Address 576 Park Ave. Date signed 4/13/43

G 03199 AB- 78338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87 D

G 03199 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BAKOLY RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos. & 9 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 S. Decker Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Fuller or John James Fuller

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13-1908

8. AGE: Years	Months	Days	If less than one day
34	8	29 21	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name James Fuller
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Miller (Milanicz)
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus Cem
Location Balto. Co., Md.

18 (a) Funeral director Stephen J. Jakubowski
(b) Address 1060 N. Kenwood Ave

19 (a) APR 12 1943 (Date rec'd by city registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1943 at 11:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 19 43 to 4-11 1943, and that I last saw h[illegible] alive on 4-8 1943.

Immediate cause of death	Duration
Exhaustion of diarrhea	[illegible]
Due to Pneumonia	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coroner

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Tatum M. D.

Address B. C. H. Date signed 4/13/43

VS 180

G 03200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 03200 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 Huron St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Huron St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Schafer

3 (b) If veteran, name war: no
3 (c) Social Security Account No: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George H. Schafer
6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.) July 28. 1877

8. AGE: Years 65 | Months 8 | Days 14 | If less than one day: hr. 13 min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: House Wife
11. Industry or business

FATHER
12. Name: William Macher
13. Birthplace: Germany

MOTHER
14. Maiden Name: Katherine Pensel
15. Birthplace: Baltimore Md.

16 (a) Informant: George H. Schafer
(b) Address: 2709 Huron St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 14. 1943 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: 3801 Frederick Ave

18 (a) Funeral director: Chas. Wm. John W. Teufel & Son
(b) Address: 801 W. Fayette St

19 (a) APR 13 1943 Huntingdon Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 11 1943 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 23 1943 to Apr 11 1943 and that I last saw h[illegible] alive on Apr 10 19 43.

Immediate cause of death: Chronic Nephritis — Duration: 1yr 3

Due to: Arteriosclerosis — Duration: 1yr 3
Due to: Chronic Vascular Disease
Due to: Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NA
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Edward J. Wilson, M.D.
Address: 682 Washington Ave Date signed: 4/13/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 03201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

G 03201
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Chase
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ebenezer Road
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Henry F. Porter

3 (b) If veteran, name war no | 3 (c) Social Security Account No. 213-01-6460

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mildred M. Porter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8th 1910

8. AGE: Years	Months	Days	If less than one day: hr.	min
32	10	3		

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Airplane Factory

FATHER
12. Name Frederick Porter
13. Birthplace Balto. Co. Maryland

MOTHER
14. Maiden Name Lena Stump
15. Birthplace Carroll Co. Maryland

16 (a) Informant Mrs Henry F. Porter
(b) Address Ebenezer Road Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1943 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Stemmers Run Md.

18 (a) Funeral director Wesson Funeral Home
(b) Address 7401 Belair Road

19 (a) APR 13 1943 (Date rec'd by Registr.) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12-1943, at 11:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection / Inquest thereon, and from the evidence obtained by said Inspection / Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Fractured skull — Duration

Due to

Due to

Other Conditions Contusion chest.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-11-43
(c) Where did injury occur? Baltimore Co. Ebenezer Rd
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Struck by auto; Riding motorcycle

23. Signature Howard J. Madden M.D.
Medical Examiner
Date signed 4-12-43

VS 6

3202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832a

Registered No. G 03202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3705 Liberty Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3705 Liberty Heights Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Bessie Cohen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 62 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (town, county, state)

10. Usual Occupation Retired Merchant

11. Industry or business

FATHER
12. Name
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Mrs Lee Cohen
(b) Address 3705 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Southern Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1409 E. Baltimore St

19 APR 13 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1943, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 41 1942 to April 12 1943, and that I last saw h[illegible] alive on April 12 1943.

Immediate cause of death: Cerebral hemorrhage — Duration 2 hrs

Due to: Hypertension — yrs

Due to: Arteriosclerosis — yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. A. Cohen

Address 3705 Garrison Blvd Date signed 4-12-43 M. D.

VS 180

03203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 03203
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 938 WHITELOCK St
(c) Hospital or institution:

13-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 938 WHITELOCK St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE WINETSKY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife ISRAEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name LAIB
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH
15. Birthplace RUSSIA

16 (a) Informant MRS. NECHEMKIN
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-13-43 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location GERMAN HILL RD

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1432 E. Baltimore St

APR 13 1943 (Date rec'd by registrar)
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13-43 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1943 to 4-13 1943 and that I last saw h alive on 4-12 1943.

Immediate cause of death Bronchial Pneumonia — Duration

Due to Senility.

Due to

Other Conditions atherosclerosis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hyman Schiff
Address 1708 E Preston St Date signed 4/13/43

HYMAN SCHIFF, M.D.

VS 180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

03304 2300 — 131a — Reg. No. 02204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jay G. McRae

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-16-90

8. AGE: Years	Months	Days	If less than one day
52	7	26	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Duncan L McRae
13. Birthplace N.C.

MOTHER
14. Maiden Name Susie L Nickles
15. Birthplace N.C.

16 (a) Informant Blanche McRae
(b) Address 1126 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1691 Druid Hill Ave.

APR 13 1943 (Date rec'd by registrar)

(b) Livingston Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943 at 6.47 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 31 1943 to Apr 12 1943, and that I last saw him alive on Apr 12 1943.

Immediate cause of death	Duration
Hypertensive cardiovascular disease with cardiac enlargement + failure	3 yrs + 9 months
Due to Arteriolosclerotic nephritis with uremia	same.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 4/13/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

03205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03205 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Light (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sylvester Pierce Norfolk

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Lillian Keeley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/7/1892

8. AGE: Years	Months	Days	If less than one day
50	3	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Self

FATHER
12. Name Sylvester Norfolk
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emma Richardson
15. Birthplace Pennsylvania

16 (a) Informant Mrs Lillian Norfolk
(b) Address 1304 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Jos. Oakey Sons
(b) Address 1218 Light St

19 Filed APR 13 1943 (S) Wilson Williams M.D. Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 19 43 at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 42 to 19 and that I last saw h[illegible] alive on April 11 1943.

Immediate cause of death	Duration
Coronary Thrombosis	1 week
Due to	
Due to	
Other Conditions Repeated Coronary attacks (Include pregnancy within 3 months of death)	Aug 1942

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Mullen M.D.
Address 1205 N Charles Date signed 4/14/43 M. D.

03206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 03206

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 108 N. Carlton St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 108 N. Carlton St

(If rural give location)

(e) If foreign-born, how long in U. S. A.) years

3 (a) FULL NAME Alice Allen

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-1597

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col'd	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Machine Feeder

11. Industry or business Dress Factory

FATHER 12. Name Edw Allen

13. Birthplace Richmond Va

MOTHER 14. Maiden Name Sally Allen

15. Birthplace Essex Co Va

16 (a) Informant [illegible] Allen

(b) Address 108 N Carlton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St

19 (Date received by registrar) APR 13 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1943 at F M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1943 to April 8 1943, and that I last saw h alive on April 8 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 9

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. D.

Address 719 W Fayette Date signed April 10 1943

VS 3

03207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. 6 03207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Stockton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN FOLEY BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52.			hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Rigger

11. Industry or business

FATHER 12. Name Robert Brown

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Clay ?

15. Birthplace Balto. Md

16 (a) Informant Mary Creek

(b) Address 115 S. Stockton St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4 - 14 - 43 (month) (day) (year)

(c) Cemetery or crematory National

Location Irvington - Md.

18 (a) Funeral director Mrs Estie R Williams

(b) Address 322 W. Lafayette St

19 (a) APR 13 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of abdomen — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Homicide

(b) Date of occurrence 4-1-43 at 7 30 P M

(c) Where did injury occur? 117 S. Stockton St (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)

(e) Means of injury Revolver

23. Signature H. J. Wallamsveben M.D. Asst Medical Examiner.

Date signed 4-10-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 03208

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 Joplin Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Joplin Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Koczorowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~WIFE~~ John Koczorowski
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 10-1880

8. AGE: Years	Months	Days	If less than one day
62 63	7	2	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Tyma
13. Birthplace Poland

MOTHER
14. Maiden Name Ludwika Piechowiak
15. Birthplace Poland

16 (a) Informant John Koczorowski
(b) Address 1500 Joplin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director Geo. A. Weber
(b) Address 705 So. Conkling Street

19 APR 12 1943 (b) Hunting to Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th 1943 at 3:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942 to April 12 1943, and that I last saw ~~HE~~ alive on April 11, 1943.

Immediate cause of death Cerebral apoplexy — Duration 1 day
Due to Chronic Hypertension
Due to
Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Kruger M. D.
Address 267 N. Eastern Ave. Date signed 4/13/43

VS 186

03209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03209
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A. Co.
(c) City or town [illegible] Road
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Porter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Annie Porter
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept 9 1875

8. AGE: Years	Months	Days	If less than one day
72	6	3	hr. min.

9. Birthplace A. A. Co. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Porter
13. Birthplace Md

MOTHER
14. Maiden Name Jemmie
15. Birthplace Md

16 (a) Informant Annie Porter
(b) Address Severna Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 14/1943 (month) (day) (year)
(c) Cemetery or crematory Tom neck
Location A. A. Co. 3rd Dist

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

APR 13 1943
(Date rec'd by registrar) (Place of burial or removal) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943 at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from H-5 1943 to H-10 1943 and that I last saw him alive on H-10 1943

Immediate cause of death Carcinoma of prostate

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations

of autopsy: Carcinoma of Prostate

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Manganaro M. D.
Address 1213 Light Street Date signed 4/12/43

VS 250

G 03210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

G 03210 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address — 2 Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 4000 Garden ave (If rural give location)
(e) Citizen of foreign country? — Russia Hill ave (Yes or No)
If yes, name country

3 (a) FULL NAME — Hyman Bressler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) — 1899

8. AGE: Years	Months	Days	If less than one day
44			____ hr. ____ min.

9. Birthplace — Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business — Grocery store

FATHER
12. Name — Joseph Bressler
13. Birthplace — Russia Poland

MOTHER
14. Maiden Name — Rachel Wegenberg
15. Birthplace — Poland.

16 (a) Informant — Abraham Bressler
(b) Address — 3925 Fairview ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — April 13/43 (Month) (day) (year)
(c) Cemetery or crematory — Hebrew Mt Carmel
Location — Germantown Hill Rd

18 (a) Funeral director — Sol Levering Boy
(b) Address — 1124-26 W Baltimore

19 APR 10 1943 (Date received) Hunting for Williamsburg Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH — 4/12 1943 at 12 P M

21. Identify that death occurred on the date above stated; that I attended deceased from 4/11 1943 to 4/12 1943 and that I last saw h. alive on 4/12 1943

Immediate cause of death — Myocardial infarction — Duration: 2 days

Due to — Arteriosclerotic coronary thrombosis — 2 days

Due to — Arteriosclerotic heart dis. — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — Eugene Rosenau M.D.
Address — Sinai Hosp Date signed — 4/13/43

G 03211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 03211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 535 Wildwood Pkwy.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 535 Wildwood Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Leonard Heibeck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	married

6 (b) Name of husband or wife: Minnie Maud Heibeck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	6	20		

9. Birthplace Baltimore Md (town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Nicholas Heibeck
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Kreutzer
15. Birthplace Germany

16 (a) Informant Mrs. Minnie M. Heibeck
(b) Address 535 Wildwood Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave & Oliver St.

18 (a) Funeral director Harry H. Wittle
(b) Address 4101 E Monument Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 9 43. 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8 1943 to Apr. 9 1943 and that I last saw h[illegible] alive on Apr. 9 1943

Immediate cause of death: Chronic interstitial nephritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry H. Wittle
Address 537 Wildwood Pkwy M. D.
Date signed Apr. 7, 1943

G 03212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1112

G 03212
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Park ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business

FATHER
12. Name Rev. Joseph Samuel Brown
13. Birthplace Georgia

MOTHER
14. Maiden Name Rosa Bell Norman
15. Birthplace Va.

16 (a) Informant Geneva F. Brown
(b) Address 914 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County, Md.

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) APR 13 1943 Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11-1943, at 7 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bronchial Asthma — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moreland M.D.
Medical Examiner
Date signed 4-12-43

VS 6

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Coroners G 03213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03213
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Brune St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ashby James
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
5			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Derry S. Ashby James
13. Birthplace S.C.
14. Maiden Name Ellen Martin
15. Birthplace S.C.

16 (a) Informant Glen Martin
(b) Address 605 Brune St.

17 (a) Burial (b) Date thereof 4/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Md. Calvary
Location Anne Arundel County, Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) 4-13-1943 (b)
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Burning 3rd and 4th degree burns.
Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 11 1943 at 9 30 AM
(c) Where did injury occur? 605 Brune St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury Clothes ignited following explosion of oil stove

23. Signature Robert Lee Graham M.D.
(Medical Examiner)
Date signed April 11 1943.

IADB 1-0
1M VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Original G 03214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

G 03214 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 N. Paca St.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. of H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 North Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Schellenberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 66 | Months | Days | If less than one day hr. 18 min. 27

9. Birthplace Hanover (Town, county, and state)

10. Usual Occupation "

11. Industry or business

FATHER
12. Name " "
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Balto Police Dept.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-43. (month) (day) (year)
(c) Cemetery or crematory Balto National
Location

18 (a) Funeral director A. Lee Oden
(b) Address 4644 Oak Rd.

19 (a) [illegible] (b) [illegible]
(Date mailed to registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943; at 11 50 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death: Subarachnoid hemorrhage of brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 10 1943, early AM
(c) Where did injury occur? 8 North Paca Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? yes (Specify type of place)
(e) Means of injury Hit in the head with tool

23. Signature Robert Lee Bratton M.D. Medical Examiner.
Date signed April 11 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

Dr. Geo McLean Med Arts Bldg Da 6500 5507 pt all supplies Dr. Geo

BALTIMORE CITY HEALTH DEPARTMENT

G 03215 **CERTIFICATE OF DEATH** 93D

G 03215 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Any item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4618 Wilenslow Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 729 Derbydene Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Arnold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband Joseph F. Arnold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1869

8. AGE: Years 73 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ? Kane
13. Birthplace Pa.

MOTHER
14. Maiden Name Susan Daugherty
15. Birthplace Ireland

16 (a) Informant Joseph F. Arnold
(b) Address 729 Derbydene Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Mary Catholic
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS APR 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1943 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1926 to April 11 1943.
and that I last saw he alive on Apr 4 1943.

Immediate cause of death: Auricular fibrillation — Duration 4 mos
Due to: Arteriosclerosis hypertension & myocarditis
Due to: Valvular
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo McLean M. D.
Address 105 Med Arts Date signed 4/13/43

G 03216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 03216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2140 Brookfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2140 Brookfield Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clyde E. Grove

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14-1900

8. AGE: Years	Months	Days	If less than one day
42	7	29	28 hr. min.

9. Birthplace West Virginia
(Town, county, and state)
10. Usual Occupation Battery repair Shop.
11. Industry or business Proprietor

FATHER
12. Name Samuel Edward Grove.
13. Birthplace West Virginia

MOTHER
14. Maiden Name Mc Gruth.
15. Birthplace West Virginia.

16 (a) Informant Carrie Grove.
(b) Address 2140 Brookfield Ave

17 (a) Buried (Burial, cremation, removal) (b) Date thereof Apr. 14 1943 (month) (day) (year)
(c) Cemetery or crematory Meadow Branch Church
Location Carroll Co Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

19 (a) APR 13 1943 Hunting for Williams
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 - 1943 at 1:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 - 1940 to April 12 - 1943 and that I last saw him alive on April 8 1943.

Immediate cause of death
Acute dilatation of Heart

Due to Coronary Thrombosis

Due to Hypertension

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
unknown
3 yrs 1 mo
unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Richard, M.D.
Address 2532 Edmondson Ave Date signed 4-13-43 M. D.

VS 8

G 03217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 S. Monroe St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HAMLET WARD

3 (b) If veteran, name war Sp.Am.

3 (c) Social Security Account No. 218-10-1808

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie Glanzer Ward

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 31, 1876

8. AGE: Years 66 | Months 8 | Days 10 | If less than one day ___ hr. - ___ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business -

FATHER
12. Name ?
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (month) (day) (year)
(c) Cemetery or crematory Bolt National 5th 14th 43
Location

18 (a) Funeral director L. J. Jones
(b) Address 111 E. Fayette St.

19 (a) (Date received) 4-12-1943 Huntington Williams, M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1943, at 12:05 (Noon) P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 6, 1943 to April 11, 1943, and that I last saw him alive on Apr. 11, 1943

Immediate cause of death
Pneumonia, lobar — Duration Unk.

Other conditions; Secondary ~~anemia~~ due to undetermined causes; arteriosclerotic heart disease; enlargement of heart; ~~acute~~ pleurisy, acute — W

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation --
Major findings of operation: --

of autopsy: --

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -

23. Signature L. J. Pahmeier, M.D.
Address Baltimore, Md. Date signed 4/12/43 M.D.

Ve 12991

G 03218

FUNK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 03218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4706 York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4706 York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Emil Funk

3 (b) If veteran, name war: —
3 (c) Social Security Account No. [illegible]
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Linda Funk
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 1. 1884
8. AGE: Years 58 yrs — Months — Days 11 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business
FATHER 12. Name Emil Funk
13. Birthplace Unknown
MOTHER 14. Maiden Name Unknown
15. Birthplace "
16 (a) Informant Linda Funk
(b) Address 4706 York Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Waltemeyer & Son
(b) Address 1219 Druid Pk
19 (a) Apr 13 1943 (b) Registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943, at 5-25 P M
21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1943, to April 12 1943, and that I last saw h[illegible] alive on April 11 1943.

Immediate cause of death: CARDIO-VASCULAR RENAL DIS- — Duration: 5 yrs —
Due to Hypertension - CARDIAC Hypertrophy and — 5 yrs.
Due to DILATATION -
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry E Funk M. D.
Address 5217 York Rd Date signed 4.13.43

Please answer all questions carefully and completely. Physicians please write the cause of death clearly and legibly.

G 03219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03219 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline + Oliver Sts

(c) Hospital or institution: St. Joseph Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4421 Tidley Road (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME HOLTHAUS MR. JOHN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Theresa (Brenning)

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/9/1874

8. AGE: Years	Months	Days	If less than one day
68	5	3	— hr. — min.

9. Birthplace Baltimore Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired - Watchman

11. Industry or business

FATHER

12. Name Philip Holthaus

13. Birthplace Balto Md

MOTHER

14. Maiden Name Margaret (Cobles

15. Birthplace Balto Md

16 (a) Informant John E. Holthaus

(b) Address 1508 Jackson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18 (a) Funeral director George J. Roth Son

(b) Address 126 Hanover St

19 1943 (Date rec'd by registrar) Per [illegible] for William H. Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1943, at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1943 to 4-12 1943 and that I last saw him alive on 4-11 1943

Immediate cause of death: Coagulation of Left Side 2 mths

Due to

Due to

Other Conditions Arterio sclerotic Heart Disease

(Include pregnancy within 3 months of death)

Date of operation 4-5-43

Major findings of operation: Abscess of Neck

of autopsy: None

Duration: 5 weeks

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William H. Fuelin M. D.

Address St. Joseph's Hosp Date signed

VS 3

G 03220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G 03220
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St Joseph's Hosp W
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2735 Chesterfield ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Mc. Donald.

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Widow

6 (b) Name of husband or wife William T. McDonald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 5, 1873

8. AGE: Years	Months	Days	If less than one day
69	4	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Home

FATHER
12. Name Michael McHale
13. Birthplace Ireland,

MOTHER
14. Maiden Name Elizabeth French
15. Birthplace Ireland.

16 (a) Informant Miss Helen C, McDonald
(b) Address 2735 Chesterfield Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (Month) (day) (year)
(c) Cemetery or crematory New Hoath
Location Old Frederick Rd.

18 (a) Funeral director John G. Hogan
(b) Address 3000 E. Balto St.

19 (a) (b)
Registrar

APR 13 1943
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943 at 7.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1943 to April 13 1943.
and that I last saw h alive on 7-39 1943.

Immediate cause of death
Cerebral Hemorrhage
Due to Fract Skull
Due to
Other Conditions Arteriosclerosis Fatty Degen. Hyp. Ht.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 7 1943 at 7 P. M
(c) Where did injury occur? 2735 Chesterfield Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home Whilst at work? No
(Specify type of place)
(e) Means of injury Fell down home

23. Signature William Boyd M. D.
Address St Joseph Hosp Date signed 4/14/43
For Dr. Boston
Howard J. Madden, M. D.

correct age is especially important. Physician: please write the cause of death clearly and legibly.

03221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 159

G 03221
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 535 McMechen St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 4 D.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 535 McMechen
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Holmes

3 (b) If veteran, name war: ✓ | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Child

6 (b) Name of husband or wife ~~Woodrow W. Holmes~~ 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1943

8. AGE: Years | Months | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Woodrow W Holmes
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jeanette Brogden
15. Birthplace Philadelphia, Pa.

16 (a) Informant Woodrow W. Holmes
(b) Address 535 McMechen.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 13 1943
JOHNS HOPKINS Commissioner of Health

18 (a) Funeral director
(b) Address

19 APR 13 1943 by Huntington for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943, at 3:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1943 to 4/12 1943. and that I last saw h/ alive on 4/12 1943.

Immediate cause of death
Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Franklin Phillips M. D.
Address 543 Remington Ave Date signed 4/12/43

VS 3

1 9990

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

C 3222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. C 03222

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 North Dallas Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Rollins

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1943

8. AGE: Years	Months	Days	If less than one day
			6 hs. 34 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Jones
13. Birthplace Unknown

MOTHER
14. Maiden Name Elva Rollins
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) APR 13 1943 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1943, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 3, 1943 to April 3, 1943. and that I last saw him alive on April 3, 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip P. Stapleton, M. D.
Address Johns Hopkins Hospital Date signed 4-6-43

VS 3

9991

H 37870
H 03223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 104

G 03223
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Fairfield Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Chesapeake Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Bills
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-20-20
8. AGE: Years 22 | Months 5 | Days 22 | If less than one day: hr. min.
9. Birthplace W. Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Charles H Bills
13. Birthplace W. Va.
14. Maiden Name Kay Lough
15. Birthplace W Va

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 13 1943 (Month) (day) (year)
(c) ~~Cemetery or crematory~~ P. W. Bartlett & Sons
Location Garrawayy, W. Va.
18 (a) Funeral director A. Riley Slade
(b) Address 4907 York Road
19 (a) Registrar (b) Huntington Williamsport, Md.
APR 13 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 12 1943 at 1130 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 11 1943 to Apr 12 1943, and that I last saw him alive on Apr 12 1943

Immediate cause of death: Respiratory Failure — Duration: 6 days
Due to: Lobar Pneumonia due to Pneumococcus type 32
Due to: Bacteremia due to Pneumococcus type 32
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Robert C. Austrian
Address The John Hopkins Hosp Date signed 4/13/43

G 03224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82a

G 03224 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 750 Grantley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 750 Grantley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH (LIZZIE) VIRGINIA KING

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife Mason F. King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1876

8. AGE: Years	Months	Days	If less than one day
66	8	24	hr. min.

9. Birthplace Calvert Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William T. Ogden
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Eliza Virginia Chambers
15. Birthplace Calvert Co., Md.

16 (a) Informant Mrs. Thomas R. Gunning
(b) Address 750 Grantley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (month) (day) (year)
(c) Cemetery or crematory Miranda Memorial Cem.
Location Huntingtown, Cal. Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

APR 13 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 11, 1943 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1941 to Apr. 11 1943 and that I last saw her alive on Apr. 11 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days

Due to Uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter B. Turner M.D.
Address 3603 Edmondson Ave
Date signed 4/12/43

G 03225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122a

G 03225 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bay Ziff

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Late Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Max Blum
13. Birthplace Russia

MOTHER
14. Maiden Name Zelda ?
15. Birthplace Russia

16 (a) Informant Rebecca Middleman
(b) Address 4016 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd
Location Landsdowne Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North ave

APR 13 1943 (Date rec'd by registrar) (b) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1943, to April 13 1943, and that I last saw h er alive on April 13 1943.

Immediate cause of death Massive Atherectasis

Due to Operation for Strangulated Femoral Hernia

Due to

Other Conditions Arteriosclerotic cardiovascular disease
(Include pregnancy within 3 months of death)

Date of operation 4-12-43

Major findings of operation: Strangulated femoral hernia

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. R. Schwartz M. D.
Address Sinai Hospital Date signed 4-13-43

G 03226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

Registered No. G 03226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3119 Cliftmont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Cliftmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia C Finn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Fred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30 1870

8. AGE: Years	Months	Days	If less than one day
72	6	11	hr min

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Charles Schlesinger
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs William B. Kramsch
(b) Address 3119 Cliftmont Ave
17 (a) Burial (b) Date thereof 4/14/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave
18 (a) Funeral director William H. Marsch
(b) Address 715 Light St
(c) Filed by William H.D. (b) Registrar
(Date rec'd by registrar) APR 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 12:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4-1- 1943 to 4-10- 1943 and that I last saw her alive on 4-10- 1943

Immediate cause of death	Duration
Heart failure	
Due to Pneumonia	
Due to Hemorrhage of the brain	
Other Conditions Hypertension. Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN (Underline the cause to which death should be charged Statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. H. Wenkenger M.D.
Address 102 E. Fort Ave Date signed 4-12-43

VS 150

Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

G 03227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55W

G 03227
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Patapsco Ave Brooklyn
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rogers, Ernest R.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1929

8. AGE: Years	Months	Days	If less than one day
14	3		hr. min.

9. Birthplace Burlington N C (town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name Robert D Rogers
13. Birthplace N C

MOTHER
14. Maiden Name Carlene Rogers
15. Birthplace N C

16 (a) Informant Mrs Carlene Rogers
(b) Address 1211 Patapsco Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) APR 13 1943 (Date received by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943, to April 11 1943 and that I last saw h alive on April 11 1943

Immediate cause of death Fibrosarcoma — Duration 2 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W H Townsend Jr M. D.
Address University Hospital Date signed 4/14/43

03228
AB-80492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160a

Registered No. 03228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs 36min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6717 Quarantine Rd. Curtis Bay (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Jackson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22-1943

8. AGE: Years	Months	Days	If less than one day
			3 hr 36 min

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Jackson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Vera Christian
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) [illegible], cremation, [illegible] (b) Date thereof 4, 12- 43 (month) (day) (year) At 9: A.M.
(c) [illegible] crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address 4940 Eastern Ave (Records)

19 APR 14 1943 [illegible] Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22nd 1943, at 6:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1943, to 3-22 1943, and that I last saw her alive on 3-22 1943.

Immediate cause of death: Subdural Hemorrhage — Duration 3½ hrs.
Due to Precipitate Labor
Due to
Other Conditions Premature

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Garcia M.D.
Address Balto. City Hosp. Date signed 3-24-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03229

TANNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E ✓

G 03229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W Fayette
(c) Hospital or institution: Bon Secours Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Mosher St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wallace Tanner

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1943

8. AGE: Years	Months	Days	If less than one day
	3	28	hr. min

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Mr Wallace Tanner
13. Birthplace Va

MOTHER 14. Maiden Name Delores Cutbage
15. Birthplace Md

16 (a) Informant Mrs Wallace Tanner
(b) Address 1912 Mosher St Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (month) (day) (year)
(c) Cemetery or crematory Londonderry
Location Balto Md

18 (a) Funeral director Geo L Beyer Jr
(b) [illegible]

19 (a) APR 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Circulatory failure — Duration

Due Congenital Heart Disease — 3 Mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which) While at work?
(e) Means of injury

23. Signature Matthew M. Cox
Address Bon Secours Hospital Date signed 4/11/43

VS 3

03230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 03230
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2837 Keese Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Contee

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1943

8. AGE: Years	Months	Days	If less than one day
			No hr. 50 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Claude Street
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Contee
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director JOHN HOPKINS MEDICAL SCHOOL APR 13 1943
(b) Address Commissioner of Health

19 APR 13 1943 (b) Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1943, at 1.45PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 29, 1943, to March 29, 1943, and that I last saw her alive on March 29, 1943.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip F. Stephan, Jr. M. D.
Address Johns Hopkins Hosp. Date signed 4-3-43

correct age is especially important. Physicians: please write the words "one," "two," "three," etc., and not merely the figures.

VS 3

9992

G 03231
T.N 34560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

G 03231
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution: 4940 Eastern Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 W. Churchill St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Whiting

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, Married~~ widowed, ~~Divorced~~
Female	C.	

6 (b) Name of husband or wife William (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct ? 1882

8. AGE: Years	Months	Days	If less than one day
60	6	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Tom Griffin (D
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Turner (D
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location G A & B Md

18 (a) Funeral director Joseph L. Brown & Son
(b) Address 101 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 19 43, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23-38 19 to 4-9 1943, and that I last saw h.er alive on 4/5 1943.

Immediate cause of death: Bronchopneumonia — Duration: 5 days
Due to: Intracranial accident — 1 year
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of plate)
(e) Means of injury

23. Signature Paul Nett M. D.
Address A. C. H. Date signed 4/10/43

VS 180

Please write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

G 03232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 130

Registered No. G 03232

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital
Admitted 2/4/43
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 S. Sharpe St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MATHEW JAMES

3 (b) If veteran, name war	3 (c) Social Security Account
World's War	No. 36-96-22

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Wid.

6 (b) Name of husband or wife Letha Jones
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) July 4, 1896

8. AGE: Years	Months	Days	If less than one day
46	9	4	- hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer- odd jobs
11. Industry or business -

FATHER
12. Name Charlie James
13. Birthplace Havre de Grace, Md.

MOTHER
14. Maiden Name Hessie ?
15. Birthplace Havre de Grace, Md.

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof 4/14/43
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Bolton Maryland
Location Baltimore City

18 (a) Funeral director Daniel L. Brown Co.
(b) Address 408 W Montgomery St

19 (a) 4/14/43 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH April 8, 1943, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4, 1943, to Apr. 8, 1943, and that I last saw him alive on Apr. 8, 1943.

Immediate cause of death: Carcinoma of lung with metastases to pleura, left adrenal, spleen and lymph nodes (Type of primary pending microscopic examination).

Duration: Approx. 14 mos.

Due to

Other Conditions See reverse side over

(Include pregnancy within 3 months of death)

Date of operation 2/4/43; 2/5/43; 2/24/43 & 2/25/43- Thoracentesis

Major findings of operation: Undt.

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? -
(Specify type of place)
(e) Means of injury -

23. Signature W. S. Bloom
Address Baltimore, Md. Date signed 4/9/43

Fasten certificate securely. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

VS 280

Va.-12708

03233 W-

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G 03233

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Yrs. 3 Mos. 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 E. Centre St.
(If rural give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Nicolls (MOLLIE BREVARD NICOLL)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age 187[illegible]

7. Birth date of deceased (mo., day, yr.) March 2 ? 1[illegible]

8. AGE: Years	Months	Days	If less than one day
99	1	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mollie Nicolls Benj Nicoll
13. Birthplace Maryland Baltimd

MOTHER
14. Maiden Name Casandra Doughtery
15. Birthplace Baltimd

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-15-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Steward Memorial
(b) Address 101 W. Lafayette Ave.

19 APR 14 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/12 1943 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1932 to 4/12 1943 and that I last saw her alive on 4/12 1943.

Immediate cause of death	Duration
Bronchopneumonia	2 wks
Due to	
Senility	several weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hattrem M.D.
Address B. C. H. Date signed 4/13/43

(over)

VS 180

G 03234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 03234 Registered No.

Correct age if especially important. Typewriter, plain write ink. Use dots of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 748 W Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give
(d) Street No. 748 W. Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victoria Zebrauskas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	married

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name K. Budris
13. Birthplace Lith.

MOTHER
14. Maiden Name M. Waikdonis
15. Birthplace Lith

16 (a) Informant George Zebrauskas
(b) Address 748 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kaisnskas Inc
(b) Address 40 S Wolfe Balto

19 (a) APR 14 1943 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1943. 8:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1942 to 4-13 1943.
and that I last saw he alive on 4-13 1943.

Immediate cause of death

Cerebral Hemorrhage — Duration 1da

Due to Hemplegia (Right) — 1yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H Laukaitis M. D.
Address 6 W Washington St Date signed 4/13/43

03235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 03235 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 843 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 843 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA GERMACK

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Wm. G. Germack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1864

8. AGE: Years 78 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Henry Specht
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Virginia V. Miller
(b) Address 843 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

APR 14 1943 Registrar's signature Huntington Williams, M.D.

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943 at 8.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 October to April 12 1943 and that I last saw h alive on April 12 1943

Immediate cause of death Hemorrhage of Uterus — Duration 6 hours.
Due to Cerebral Arterio Sclerosis — 2 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Marr M. D.
Address 116 Cathedral St. Date signed 4-13-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938 V

Registered No. G 03236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2539 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2539 Pennsylvania Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian M Bowers

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1866

8. AGE: Years 76 | Months 6 | Days — | If less than one day: hr. min. 1866

9. Birthplace Baltimore Md
(town, county, and state)

10. Usual Occupation Plumber
11. Industry or business Self

FATHER
12. Name Adam Bowers
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth (Unknown)
15. Birthplace Germany

16 (a) Informant George Bowers
(b) Address 1624 E 29th St

17. Burial (Burial, cremation, or removal) (b) Date thereof 4/16/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Pulliam & Cole
(b) Address 2217 N Fulton Ave

19 (a) APR 14 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1943 to April 13 1943 and that I last saw h[illegible] alive on April 12 1943.

Immediate cause of death	Duration
arterio Sclerotic heart disease	4
Due to general arterio Sclerosis	
Due to	
Other Conditions Coronary thrombosis	18 hours

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. A. Michelson M. D.
Address 2230 Eutaw Pl Date signed 4/13/43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Statements of time should be accurate and correct age is especially important.

03237

G 03237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No.

PLEASE WRITE PLAINLY... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3920 Pennington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3920 Pennington Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID JOHNSON

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-07-7071

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1874

8. AGE: Years	Months	Days	If less than one day
69	0	20	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Chemical Worker

11. Industry or business Retired

FATHER 12. Name David Johnson

13. Birthplace Maryland

MOTHER 14. Maiden Name Jane Rebecca Horner

15. Birthplace Maryland

16 (a) Informant Mrs Annie F. Johnson

(b) Address 3920 Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1943 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location A. A. Co. Md

18 (a) Funeral director William Cook, Inc

(b) Address 1217 St. Paul St

19 APR 14 1943 Huntington Williams M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943, at 11 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1941 to 4/10 1943, and that I last saw him alive on 4/10 1943.

Immediate cause of death	Duration
Myocardial failure	3 days
Due to Arteriosclerosis, Generalized	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Levenson M.D.

Address 1304 E. Chase Date signed 4/13/43

G 03238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 03238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City (Maryland)
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or that (yrs., mos., or days) 7 4
(e) Length of stay in Baltimore (yrs., mos., or days) Just Born.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glenelg (If outside city or town limits, write RURAL and give town)
(d) Street No. 7147 Holbrook Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLE PAULINE METZGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/19/1942

8. AGE: Years 0 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Edward Metzger
13. Birthplace Glenelg, Md.

MOTHER
14. Maiden Name Marion Bolgiano
15. Birthplace Glenelg, Md.

16 (a) Informant Edward Metzger
(b) Address Glenelg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location O'Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) APR 14 1943 (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943 at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1943 to April 12 1943 and that I last saw [he/she] alive on April 12 1943.

Immediate cause of death: (a) Respiratory Failure
Due to: Pneumonia, Lobar
Due to: Streptococcus, Type IV
Due to: Syphilis (aort)
Other Conditions

Duration: 2 days; 7 days

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry S. Offutt
Address Mercy Hosp Date signed 4/12/43

03239

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 03239
Registered No.

CERTIFICATE OF DEATH 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
Church Home & Infirmary 615

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Since Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Annapolis Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME David Rooney ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/18/43

8. AGE: Years	Months	Days	If less than one day
		25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Rooney
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Arlene Peterson
15. Birthplace Chicago, Illinois

16 (a) Informant Arlene Rooney
(b) Address 721 Annapolis Rd. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) APR 14 1943 (b) Hunter Williams, M.D. Registrar

PLEASE WRITE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1943, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1943 to 4-12 1943 and that I last saw him alive on 4-12 - 1943.

Immediate cause of death — Duration
Bronco-Pneumonia — 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Goldberg M. D.
Address Church Home & Infirmary Date signed 4/12/43

03240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§3a

G 03240
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4137 Norfolk Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4137 Norfolk Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN LAWRENCE THAYER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Nettie Cosnell
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 5, 1872

8. AGE: Years: 70 | Months: 5 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Floorman - retired
11. Industry or business

FATHER
12. Name: John Daniel Webster Thayer
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Elizabeth Cowan
15. Birthplace: Birmingham, Eng.

16 (a) Informant: Mrs. Nettie Thayer
(b) Address: 4137 Norfolk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) APR 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 13, 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1934 to 4/13 1943 and that I last saw h[illegible] alive on 4/11 1943.

Immediate cause of death	Duration
Cerebral hemorrhage -	4 days
Due to Arteriosclerosis -	?
Due to	
Other Conditions Renal calculus	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Date signed 4/14/43

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered; information should be complete; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 03241
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 Garrison Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MITTIE CARLTON PATTERSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife James LeRoy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1870

8. AGE: Years	Months	Days	If less than one day
72	6 5	7 27	hr. min.

9. Birthplace Warsaw, N. C.
(Town, county, and state)

10. Usual Occupation --
11. Industry or business

FATHER
12. Name -- Carlton
13. Birthplace Warsaw, N. C.

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. Ruth P. Mugford
(b) Address Greenway Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director W. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 APR 14 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1931 to Apl 12 1943. and that I last saw alive on Apl 12 1943.

Immediate cause of death	Duration
Angina Pectoris	24 hrs
Due to	
Due to Hypertrophic Degeneration	8 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas H. Williams M. D.
Address 2704 Garrison Blvd Date signed 4-13-43

VS 250

3242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 03242
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Brady ave Fairfield
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 75
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Brady ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Scotia V. Tyler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
48 47			hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Benjamin Vinson
13. Birthplace S. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Josephine Richardson
(b) Address 1710 Brady ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a-a. Co. Md
18 (a) Funeral director James A Hayes
(b) Address 142 W Fayette St
19 APR 14 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1943 to 4/13 1943.
and that I last saw alive on 4/13 1943.

Immediate cause of death
Cerebral Hemorrhage
Due to Paralysis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben Rhett M. D.
Address Date signed

VS 150

Space left is especially important. Physicians: please write the causes of death clearly and legibly.

03243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 03243

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2317 Division St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2317 Division St

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Grace Figueroa Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Frank Young

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July ? 189X

8. AGE: Years 48 49 | Months 9 | Days ? | If less than one day: hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Florencio Figueroa

13. Birthplace Md

MOTHER

14. Maiden Name Annie Rhoades

15. Birthplace Md.

16 (a) Informant John Figueroa

(b) Address 2212 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto Md

18 (a) Funeral director George A. Kelson

(b) Address 1303 Presstman St

19 (a) APR 14 1943 (Date rec'd by registrar) (b) Hamilton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1943, to April 12 1943, and that I last saw her alive on April 10 1943.

Immediate cause of death: Cardio Vascular Disease — Duration 1942

Due to Broken Compensation — 9/18/43

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Ewelean Frey

Address 928 Pa. Ave Date signed 4/14/43

VS 3

G 03244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 03244
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution: South Baltimore Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give name)

(d) Street No. 1405 S. Charles St
(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME: William Henry Boyce

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ellen Boyce

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 - 1863

8. AGE: Years 79 | Months 9 | Days 7 | If less than one day: hr. 20 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name George Boyce
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Rozanna Brotzel
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Ellen Boyce

(b) Address 1405 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (month) 16 (day) 43 (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director Richard Flanigan

(b) Address 1476 Light St

19 (a) [illegible] (b) [illegible] Washington Williamsport

APR 1 1943

VS 288

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1943 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4 1943 to 4/13 1943 and that I last saw him alive on 4/13 1943.

Immediate cause of death: Carcinoma of the stomach — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Paul A. Mangano M. D.

Address 1213 Light St Date signed 4/13/43

G 03245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17a

G 03245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3541 Lyndale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Joseph Kohler (or) Grabowski

3 (b) If veteran, name war: No
(c) Social Security Account No. 218-07-4130

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Helen E.
6 (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): July 17, 1905

8. AGE: Years	Months	Days	If less than one day
37 37	8	25	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: chauffer
11. Industry or business: Schroedl Cleaners

FATHER
12. Name: Walter Grabowski
13. Birthplace: Md.

MOTHER
14. Maiden Name: Lillian Malachi
15. Birthplace: Baltimore, Md.

16 (a) Informant: Helen E. Kohler
(b) Address: 3541 Lyndale Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof: Apr 16 43 (month) (day) (year)
(c) Cemetery or crematory: HOLY CROSS
Location: GERMAN HILL RD.

18 (a) Funeral director: M. W. E. Dippel's Sons
(b) Address: Lombard & Ann Sts

APR 14 1943 (Date received by Registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943, at 10 50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (or Inquiry) thereon and from the evidence obtained by said autopsy (or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture of skull — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 10 1943 11 40 PM
(c) Where did injury occur? Ostend & Light Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Struck by streetcar
23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed April 13 1943

G 03246

MJ-80781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03246 Registered No. 562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 S. Chappell Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Groves WILLIAM E. GROVES

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-9157

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances Groves
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1880

8. AGE: Years	Months	Days	If less than one day
62	4	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Groves
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Philips
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 14 43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location GERMAN HILL RD

18 (a) Funeral director MARTIN W.E. DIPPEL
(b) Address LOMBARD & ANN STS

19 (a) [illegible] 1943 (b) [illegible] for Wilbur [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13-43 19 at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9-43 19 to 4-13-43 19, and that I last saw him alive on 4-13-43 19.

Immediate cause of death: Acute cranial tumor — Duration: ?

Due to

Due to (new)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not Done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Powers M. D.

Address B. C. H. Date signed 4-13-43

VS 189

8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 46 D

G 03247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 641 N. Central Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 641 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Downing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widowed

6 (b) Name of husband or wife Jesse Downing

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years	Months	Days	If less than one day
Appx 60			hr. min.

9. Birthplace Md. (Town, county or state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Ford
(b) Address 702 N Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert F. Young
(b) Address 804 N. Caroline St.

4-14-1943 (Date received by registrar) (b) Livingston Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1943, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26-1943 to 4-12-1943, and that I last saw h-er alive on 4-10-1943.

Immediate cause of death Carcinoma of Stomach — Duration —

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm N. Cangles M. D.
Address 611-N. Caroline Date signed 4-13-43

VS 3

G 03248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

G 03248
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1209 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sealum Blunt

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-5228

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C.	Married

6 (b) Name of husband or wife Hattie

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) July 7, 1899

8. AGE: Years	Months	Days	If less than one day
43	9	4	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name Edward Blunt
13. Birthplace Va

MOTHER
14. Maiden Name Cecelia ?
15. Birthplace Va

16 (a) Informant Hattie Blunt
(b) Address 1402 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph H. Locke
(b) Address 1364 N. Central Ave

19 (a) Date received (Registrar) (b) Registrar

APR 14 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943 at 3.5 P M

21. I certify that death occurred on the date above stated, at the hour stated, of the disease(s) and complication(s) indicated, and that I attended deceased from 4/4 1943 to 4/11 1943.
and that I last saw him alive on 4/9 1943.

Immediate cause of death	Duration
Acute Endocarditis	4/11
Mild Dilatation	4/11
Due to Acute Myocarditis	4/9-4/11
Due to overwork	
Other conditions Pleurisy from Wkgs	4/4 to 4/9

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake M. D.
Address 1327 N. Central Ave Date signed

437350 03249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 03249 Registered No.

144 c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert
(c) City or town PARRAN (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Holland

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Oscar
6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) 1-20-26

8. AGE: Years	Months	Days	If less than one day
17	2	22	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Stepin
13. Birthplace Md

MOTHER
14. Maiden Name Christianna Jones
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43 (month) (day) (year)
(c) Cemetery or crematory St Edmonds
Location Calvert Co Md

18 (a) Funeral director C C Sewell
(b) Address Prince Frederick

19 (a) (Date rec'd by registrar) APR 14 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 12 1943, at 9:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1943 to Apr 12 1943, and that I last saw her alive on Apr 12 1943.

Immediate cause of death: acute yellow atrophy — Duration 8 days
Due to Pregnancy — 6 mos
Due to
Other Conditions abortion - dead fetus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L E Duncan Jr M. D.
Address JHH Date signed 4-14-43

G 03250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03250 Registered No. 1158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run
(c) Hospital or institution: Lyden Farm Hospital V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Battery Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Hayes

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1938

8. AGE: Years 4 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name George Hayes
13. Birthplace Balto.

MOTHER
14. Maiden Name Alice Catlett
15. Birthplace Richmond, Va.

16 (a) Informant Mother
(b) Address 1522 Battery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16/1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto

18 (a) Funeral director A. Bernard Evans
(b) Address 1400 Lafayette

APR 14 1943
(c) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/12 1943, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1943 to — 19—, and that I last saw him alive on 4/12 1943.

Immediate cause of death: Laryngo-Tracheo-bronchitis and Pneumonia. — Duration

Due to Streptococcus.

Due to

Other Conditions Tracheotomy performed.
(Include pregnancy within 3 months of death)

Major findings: Of operations Laryngeal obstruction

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Lyden Farm Hosp. Date signed 4/13/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

~~G 03251~~ Exam. Case - D.O.A.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03251 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Hyde
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belair Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MORRIS E BREWER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-42

8. AGE: Years	Months	Days	If less than one day
0	9	1 2	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward Lee Brewer
13. Birthplace

MOTHER 14. Maiden Name Enciler Blevins
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Laurel Lawn
Location Sugar Grove Va.

18 (a) Funeral director Clarence E. Collins
(b) Address Fork Mt.

19 (a) Apr 15 1943 (Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 14 1943, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1943 to April 14 1943 and that I last saw him alive on April 14 1943

Immediate cause of death Respiratory obstruction

Due to Pertussis Pneumonia ?

Due to

Other Conditions Had pneumonia compl. Pertussis 10 Months (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius D. Troggis M.D.
Address Johns Hopkins Hospital Date signed 4/15/43

G 03252

G 03252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 03252

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 S. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANGELO A. SCURTO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Myrtle nee Peterson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1893

8. AGE: Years 50 | Months 2 | Days 17 | If less than one day 29 hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Own business

FATHER
12. Name Anthony Scurto
13. Birthplace Italy

MOTHER
14. Maiden Name unknown
15. Birthplace Italy

16 (a) Informant Mrs. Angela Scurto
(b) Address 203 S. Stricker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 3800 Old Frederick Rd

18 (a) Funeral director Harry H. Kitzke
(b) Address 1401 Edmondson Ave

19 (a) Registrar Huntington Williams
(b) Date received APR 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 12 1943, at 12:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 8 1943 to 4 - 12 1943 and that I last saw h. alive on 4 - 12 1943.

Immediate cause of death: Lobar Pneumonia — Duration: 3 days

Due to

Due to

Other Conditions: Perforated Peptic ulcer 4 days
General Peritonitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Smith M. D.
Address St. Josephs Hosp. Date signed 4/14/43

G 03253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 12/0 G 03253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Coldspring Lane
(c) Hospital or Institution: Coldspring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (Westport) (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Kloman st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Hartman
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 16 1871

8. AGE: Years	Months	Days	If less than one day
71	6	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Frank Hartman
13. Birthplace Md

MOTHER
14. Maiden Name Mary Erbe
15. Birthplace Md

16 (a) Informant Mrs Barbara Kramme
(b) Address 108 Audrey Ave Brooklyn Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 801 Frederick Ave
18 (a) Funeral director William M Marcek
(b) Address 915 Light St
19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

APR 15 1943
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943, at 7.50 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1943 to April 12 1943, and that I last saw h[illegible] alive on March 9 1943.

Immediate cause of death: cardio - Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M D Patterson M.D.
Address 2324 Reisterstown Rd Date signed 4/13/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 B

Registered No. G 03254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 947 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Granville Abbott 80836

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	sep.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1899

8. AGE: Years	Months	Days	If less than one day
43	3	24	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Scott Abbott
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Glover
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Williams & Cook Inc.
(b) Address 1217 St. Paul st.

19 (a) APR 15 1943 (Registrar's signature) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8 1943, to Apr. 11 1943, and that I last saw him alive on Apr. 11 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alvin S Hartz
Address Balto City Hosp Date signed 4/14/43

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in all items. If any item is unknown, say so. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 03255
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2908 Springhill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Springhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Elias Levin

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Latvia (Town, county and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name —
13. Birthplace Latvia

MOTHER
14. Maiden Name —
15. Birthplace Latvia

16 (a) Informant Meyer D. Levin
(b) Address 5601 Key Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Union Mem
Location Windsor Mill Rd.

18 (a) Funeral director Jack Laura Eno
(b) Address 1 E Balto St

APR 15 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14-43 19 . at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1940. to 4-14 1943.
and that I last saw alive on 4/12 1943.

Immediate cause of death Coronary Thrombosis

Due to Diabetes Mellitus

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration 1 dy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Levin, M.D.
Address 1 W Lee Date signed 4/14/43

03256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 03256

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Aves
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Aves
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Bugatch (FANNIE BUGATCH)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed or divorced: Widowed

6 (b) Name of husband or wife Isadore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 75 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and State)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ephraim Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Dora
15. Birthplace Russia

16 (a) Informant Hebrew Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Old Fort & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) APR 15 1943 (Date accepted by Registrar) Huntington Williams M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 14 - 1943, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 14 - 1941 to 4 - 14 - 1943, and that I last saw her alive on 4 - 14 - 1943.

Immediate cause of death Arteriosclerosis
Hypertension — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D Edmund Levin

Address Levindale Date signed 4/14/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 03257

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03257

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 Stoddard Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Stoddard Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BETTIE CARRINGTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1876

8. AGE: Years 66 | Months 7 9 | Days | If less than one day: hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Nelson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Va.

16 (a) Informant Emory Carrington
(b) Address 1112 Stoddard Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk, Va.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) APR 15 1948 (Date received by registrar)

Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, '43 at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5/43 19 43 and that I last saw [illegible] alive on April 13, 1943

Immediate cause of death — Duration

(a) Cerebral Hemorrhage

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.

Address 51 Hendrix [illegible] Date signed 4/15/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

PLEASE PRINT; WRITE ONE ANSWER ON EACH LINE. Every question must be answered. Write "None," "Unknown," or "Not applicable," where correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

G 03258 Brent

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03258

CERTIFICATE OF DEATH 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 834 Brunt St

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto City, Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 834 W Brunt St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country —

3 (a) FULL NAME Esther Scott ESTHER SCOTT ✓

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Chas Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1895

8. AGE: Years	Months	Days	If less than one day
47	6	29	hr. min.

9. Birthplace Virginia (Town, county, state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER 12. Name Samuel Brent

13. Birthplace Va.

MOTHER 14. Maiden Name Nancy Jones

15. Birthplace Va

16 (a) Informant Chas Scott

(b) Address 834 W Brunt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Balto Co, Md.

18 (a) Funeral director Wm (Frances) A. Hemsley

(b) Address 518 W. Biddle St.

19 APR 15 1943 (b) (Date rec'd by registrar) Registrar

Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13/43 19 Mar 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6/43 to 4/13/43.

and that I last saw him alive on 4/11/43.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

Autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature A. Cue Sellers M. D.

Address 1st Mech Nat Bk Date 4/15/43

VS 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 03259

CERTIFICATE OF DEATH 92 D

G 03259

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 George St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Mason Julius Mason

Usual Residence: No. 725 George St. Ward. 215-10-2833

(Usual place of abode) (If non-resident give city or town and State)

Work Hse #1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: —

7. DATE OF BIRTH (month, day, year): June 4 / 94

8. AGE: Years: 49 | Months: 3 | Days: 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Isaac Mason

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Ella Simpson

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT (Address): Harold Mason 725 George

18. BURIAL, CREMATION, OR REMOVAL: Place Arbutus Mem. Park Date 4-16 19 43

19. UNDERTAKER (Address): Mrs Frances A Hemsley 675 W. Biddle St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 17, 43

22. I HEREBY CERTIFY, That I attended deceased from May 16 1943 to Apr. 17, 1943

I last saw him alive on Apr. 17 1943 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabular.	
Disease Heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Cavagnaro M. D.

(Address) 3027 Calvert

(over)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

APR 15 1943 Huntington Hill

JLG 80086 G 03260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 03260 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Wilkins

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Sep.

6 (b) Name of husband or wife Viola
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1900

8. AGE: Years	Months	Days	If less than one day
43	2	19	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name James Wilkins
13. Birthplace Md.

MOTHER 14. Maiden Name Batty Lane
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) Washington Hilliard Hall
(b) Registrar
APR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1943, at 4:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1943 to 4-13 1943, and that I last saw him alive on 4-13 1943.

Immediate cause of death Hypertension Cardiovascular disease with pulmonary Edema. — Duration chronic

Due to

Due to

Other Conditions Secondary anemia due to G.I. bleeding — 6 mos.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas P. Otten M. D.
Address Balt. City Hosp Date signed 4-14-43

G 03261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 03261
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Erdman Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-1
(e) Length of stay in Baltimore (yrs., mos., or days) 64yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Erdman Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Bausman

3 (b) If veteran, name war: 6666##

3 (c) Social Security Account No. ---------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Geo. H. Bausman
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 4, 1879

8. AGE: Years	Months	Days	If less than one day
64	1	9	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward R. Hutchings
13. Birthplace Raleigh N.C.

MOTHER
14. Maiden Name Ida V. Bosworth
15. Birthplace Baltimore Md.

16 (a) Informant Geo. H. Bausman
(b) Address 2500 Erdman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Ellsworth Arnacost
(b) Address 3911 Liberty Heights Ave.

19 (a) (Date received by local registrar) APR 15 1943 (b) Signature and title of local registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1942 to 4/13 1943, and that I last saw her alive on 4/6 1943.

Immediate cause of death
PART I Pulmonary Hemorrhage due to Cancer of Breast — Duration 12 d

Due to

Due to

Other Conditions Hodgkin's Disease. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 4-14-43

G 03262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 BG 03262

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 635 Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florine L. Bens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24-25"

8. AGE: Years 17 | Months 7 | Days 20 | If less than one day hrs. min.

9. Birthplace N. Thynterland Co Va (town, county and state)

10. Usual Occupation School Girl

11. Industry or business

MOTHER / FATHER

12. Name Julius E. Bens

13. Birthplace Va

14. Maiden Name Eliza Carey

15. Birthplace Va

16 (a) Informant Eliza Bens

(b) Address 635 N. Laf Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-43 (month) (day) (year)

(c) Cemetery or crematory

Location Fredericksburg Va.

18 (a) Funeral director Samuel M. Chaney Sr

(b) Address 638 N. Gilmor St.

19 (a) [illegible] Williams M.D. Registrar

APR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943, at 6 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to April 13 1943, and that I last saw her alive on April 13 1943.

Immediate cause of death: Rheumatic Heart Disease — Duration: Approx 4 yrs

Due to

Due to

Other Conditions Mitral Stenosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Banyard

Address Howard Hospital Date signed 4-13-43 M. D.

G 03263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 03263
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGEANNA PUMPHREY DANDRIDGE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife George F. Dandridge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1863

8. AGE: Years	Months	Days	If less than one day
80	1	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Lloyd Pumphrey
13. Birthplace Baltimore Co., Md.

MOTHER
14. Maiden Name Rebecca Grimes
15. Birthplace Balto., Md.

16 (a) Informant Miss Marie Dandridge
(b) Address 2029 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) (b)

(Date rec'd by registrar) APR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943 at 10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943, to April 13 1943; and that I last saw h[illegible] alive on April 13 1943.

Immediate cause of death	Duration
Bronchial Pneumonia	4 days
Due to Arteriosclerosis	3 years
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. E. Hughes M.D.
Address 1 W. Wentworth Pl. Date signed April 14 1943

Verified by Hunting

G 03264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 03264 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 496 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ineza Oler 70323 (Ineza Evelyn Oler)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife: Howard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1915

8. AGE: Years	Months	Days	If less than one day
27	4	6	hr. min.

9. Birthplace Md. (Hagerstown) (Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name Walter Shoop
13. Birthplace Md. (Hagerstown)

MOTHER
14. Maiden Name Anna Riddenour
15. Birthplace Md. (Hagerstown)

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem. Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 15 1943 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 19 43 at 6:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 19 41 to Apr. 14 19 43, and that I last saw h er alive on Apr. 14 19 43.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Hartz
Address Balto City Hosp Date signed 4/14/43

G 03265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

✓ G 03265 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 E. 35th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 E. 35th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

9 3

3 (a) FULL NAME EDWARD MEISTER, Jr.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-05-8499

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Emma E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1880

8. AGE: Years	Months	Days	If less than one day
62	6	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business E. A. Kaestner Co.

FATHER
12. Name Edward Meister
13. Birthplace Germany

MOTHER
14. Maiden Name Emilie Sauer
15. Birthplace Baltimore

16 (a) Informant Mrs. Emma E. Meister
(b) Address 619 E. 35th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 15 1943 (Date rec'd by registrar) (b)

Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 13, 1943, at 7 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1938 to April 13 1943, and that I last saw him alive on March 27 1943.

	Duration
Immediate cause of death: Coronary arteriosclerosis	1 year.
Due to arteriosclerosis, general	3 yrs.
Due to Hypertension	3 yrs.
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: none
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Chaffant M. D.
Address 6210 York Road Date signed April 14/43

Hunting to Wm

G 03266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 03266 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Any item of information not known should be stated as such. Be sure that the information given is correct and complete. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 S. LUZERNE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-13
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 S. LUZERNE ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN H. HAAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	212-09-5095

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA M. HAAS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 15 1899

8. AGE: Years	Months	Days	If less than one day
44	1	28	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation TIME KEEPER
11. Industry or business AMERICAN CAN CO.

FATHER
12. Name JOSEPH HAAS
13. Birthplace PENNA.

MOTHER
14. Maiden Name JULIA O'RILEY
15. Birthplace BALTO. MD.

16 (a) Informant ANNA M. HAAS (WIFE)
(b) Address 719 S. LUZERNE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 16/43 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN.
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. MOLFE ST.

19 (a) APR 15 1943 (Date received by Registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH APR. 13 1943, at 11/20 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1942 to April 13 1943.
and that I last saw h[illegible] alive on April 13 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 3hrs
Due to no obvious cause.
Due to
Other Conditions none noted
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature John A. Krage M. D.
Address 2627 N. Eastern Date signed 4/14/43
For B. N. Wallenstein
Howard J. Maddrix, M.D.

G 03267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 N. PORT ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD. (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. PORT ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY A. BESSLING

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	NONE	FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife HERMAN BESSLING
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 1870

8. AGE: Years	Months	Days	If less than one day, hr.	min.
72	10	29	26	

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE LOWMAN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace BALTO. MD.

16 (a) Informant MRS. MICHAEL J. MILLER (DAUGH.)
(b) Address 618 N. PORT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 16/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE.

18 (a) Funeral director Kelly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date received by Registrar) APR 15 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 14 1943, at 12/15 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1938, to April 14 1943, and that I last saw h[illegible] alive on April 14 1943.

Immediate cause of death: Arteriosclerotic Heart Disease & Cardiac Failure — Duration 10 yrs.
Due to: Generalized Arteriosclerosis — 15 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M.D. M. D.
Address 2413 E. Monument St. Date signed 4/14/43

over.

G 03268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

G 03268 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3414 Cardenas Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3414 Cardenas Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Cunningham

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ Alexander Cunningham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9th 1871

8. AGE: Years 71 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Black
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Herbert
15. Birthplace Germany

16 (a) Informant Henry J. Kifort
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/43 (month) (day) (year)
(c) Cemetery or crematory J. C. Klauer
Location Balto. Co.

18 (a) Funeral director C. J. Tagnum & Son
(b) Address 1938 E. Lafayette Ave

19 (a) (Date rec'd by registrar) APR 15 1943 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 13th 1943 at 10 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 6 1943 to Apr. 13 1943 and that I last saw h[illegible] alive on Apr 12 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 days.
Due to: Essential Hypertension
Due to: Hypertension
Other Conditions: Hypertension Heart Disease
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Dawson
Address 4808 Harford Rd Date signed 4/14/43

G 03269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03269 Registered No.

107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 E. Lanvalle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 E. Lanvalle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 38 Yrs. years

3 (a) FULL NAME Josephine Baucia

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~HUSBAND~~ Camillo Baucia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 1854

8. AGE: Years 88 | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace Spalato Italy
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business home

FATHER
12. Name Giovanni Moretti
13. Birthplace Italy

MOTHER
14. Maiden Name Anna?
15. Birthplace Italy

16 (a) Informant Camillo Baucia (Husband)
(b) Address 1601 E. Lanvalle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) _____ (b) Huntington Ave Baltimore
(Date rec'd by registrar) Registrar

VS 2 APR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1943 at 7P- M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1943 to 4/13 1943, and that I last saw h~~im~~er alive on 4/13 1943.

Immediate cause of death: Acute Bronchial Pneumonia — Duration
Due to: Cardiac failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

M. D. Signature A. L. Hornstein
Address 733 Aisquith St Date signed 4/15/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 4/13/43

G 03270
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 944-Montpelier Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 944-Montpelier St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3 (a) FULL NAME Jane Elizabeth Hoban

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Frank W. Hoban
6 (c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.) 7/31/1904

8. AGE: Years	Months	Days	If less than one day
38	8	12	- hr. - - - min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Richard Mooney
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary A. (Bannahan)
15. Birthplace Ireland

16 (a) Informant Frank W. Hoban
(b) Address 944-Montpelier St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross H. Rd.
Location Harford Rd. Balto. Md.

18 (a) Funeral director George C. Ruth Inc.
(b) Address 1735 Harford Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12-43 19 , at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1941 to 4-13-43 19 , and that I last saw h[er] alive on 4-12-43 19 .

Immediate cause of death: Hypertension Cardiovascular Renal Disease
Due to: Hypertension
Due to:
Other Conditions: Uremia Nephritis Bronchopneumonia
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Costantino M.D.
Address 234 E. Conkling St Date signed 4-14-43
M. D.

VS

Morgue 03271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03271 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Comet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Goggins

3 (b) If veteran, name war

3 (c) Social Security Account No. 22503-0102

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Lynchburg Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wm Goggins

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Minnie Goggins

(b) Address 1123 Comet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Gutman Cem.

Location Balto. Md.

18 (a) Funeral director William G. Jackson

(b) Address 916 Aurora, Apt.

19 (a) APR 15 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 8 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Acute alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed April 11 1943

VS 6

A penalty is provided by law for the wilful making of any false statement in this certificate. Physicians: please write the causes of death clearly and legibly. Accuracy in stating the correct age is especially important.

G 03272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 03272
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State 1 (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 842 W. 36th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert E. Hanes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1878

8. AGE: Years	Months	Days	If less than one day
64	9	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired railroad
11. Industry or business

FATHER
12. Name John Hanes
13. Birthplace Md

MOTHER
14. Maiden Name Sarah E Holland
15. Birthplace Md

16 (a) Informant Walter G Hanes
(b) Address 315 Hackney, Ga.

17 (a) April 16-43 (Burial, cremation, or removal) (b) Date thereof Burial (month) (day) (year)
(c) Cemetery or crematory St Marys Cemetery
Location Baltimore

18 (a) Funeral director Frank H Lacy
(b) Address 814 N 36 St

19 (a) (Date) APR 15 1943 Huntington Williams, M. D.
(Address)

VS 5

MEDICAL CERTIFICATION

A

20. DATE OF DEATH April 14 1943, at 3:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 19 to April 14 1943, and that I last saw h/m alive on April 13 1943.

Immediate cause of death
arteriosclerotic C.V.D. with auricular fibrillation
Due to
Due to
Other Conditions
Mental deterioration
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address Date signed

PLEASE PRINT PLAINLY, WITH INK. ANSWER ALL QUESTIONS. Entry of word "unknown" or omission of answers will cause delay. Give full name of deceased, and if a married woman, the name of her husband. Give usual residence, even if death occurred elsewhere. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

Md. G 03273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03273 Registered No. 1643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 McCubbin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-9361

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1899

8. AGE: Years	Months	Days	If less than one day
43	8	15	hr. min.

9. Birthplace King Williams, Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Silas Carter
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Johnson
15. Birthplace Virginia

16 (a) Informant Mary Lewis
(b) Address 151 Decatur St. Brooklyn, N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] (Day) (Month) (Year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brentley ave

APR 15 1943 Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 4:25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 11 1943 at 4:25 A.M.
(c) Where did injury occur? Eastern Ave & 7 alley (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury Jumped in Harbor

23. Signature Robert Lee Heather M.D. Medical Examiner.
Date signed April 11 1943.

G 03274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 03274 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2602 Lehman St.
(c) Hospital or institution:

40

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Lehman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Hoover.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife: Wm. Hoover.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20-1855

8. AGE: Years	Months	Days	If less than one day
87	11	24-23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife -
11. Industry or business At home.

FATHER
12. Name Daniel Davis.
13. Birthplace Indiana

MOTHER
14. Maiden Name Rollins.
15. Birthplace Md.

16 (a) Informant Mrs. Gertrude Parker.
(b) Address 2602 Lehman St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof April 16-43. (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

APR 15 1943

(b) Signature of registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April, 13th: 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1943 to 4/13 1943 and that I last saw h alive on 4/13 1943.

Immediate cause of death Arteria sclerotic cardio-vascular disease

Duration 6 mos.

Due to

Due to

Other Conditions Cerebral Hemorrhage

1 day

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 2070 Wilkens Date signed 4/14/43

cert

G 03275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 03275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2300 Severn St.
(c) Hospital or institution: Mt Winans

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 Severn St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Larkin H. Birmingham

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Elsie V.
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1866

8. AGE: Years	Months	Days	If less than one day
76	7	23	22 hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Boiler Maker
11. Industry or business B. & O. R.R.

FATHER
12. Name Wm. C. Birmingham
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Hamilton
15. Birthplace Ireland

16 (a) Informant Elsie V. Birmingham
(b) Address 2300 Severn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 16 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director J. Vernon Eichelberger
(b) Address 2001 Edmondson Ave.

19 (a) APR 15 1943 (b) [illegible] Williamson Pittsburgh

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943 to April 13 1943, and that I last saw him alive on April 11 1943.

Immediate cause of death: Cancer of Stomach — Duration: Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S Gilmor St Date signed 4/14/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. If unknown, write "unknown." Information must be given for each item. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 03276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 Laurens Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) over 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 Laurens St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Alverda Kalmey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-10-1865

8. AGE: Years	Months	Days	If less than one day
77	6	4	hr. min.

9. Birthplace Davisonville, Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Jeremiah William Kalmey
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Carolyn Isabelle Stewart
15. Birthplace Davisonville, Md

16 (a) Informant F W Wagner Jr
(b) Address Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director Henry M. Jenkins & Sons
(b) Address McCulloh & Richards

19 APR 15 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1943, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to 4/14 1943,
and that I last saw her alive on 4/14 1943.

Immediate cause of death: Uremia — Duration: 2 days

Due to Nephritis — years

Due to Arteriosclerosis — years.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry M. Hanson M. D.

Address 20 E. Preston Street Date signed 4/15/43

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Any error or omission in this certificate should be corrected at once. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 03277
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Auchentoroly Terr.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Grottendick

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-07-6817

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife BARBARA GROTTENDICK

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1870

8. AGE: Years	Months	Days	If less than one day
72	5	27	____ hr. ____ min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Krang Music Co.

FATHER
12. Name Arnold Grottendick
13. Birthplace Germany

MOTHER
14. Maiden Name Philomena Herzog
15. Birthplace Germany

16 (a) Informant Mr. Joseph Grottendick
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 16-1943 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Chas. J. Evans Son
(b) Address 218 N. Mt. Royal Ave

APR 15 1943

(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1943, at 12:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1943 to April 13, 1943, and that I last saw h[illegible] alive on April 13, 1943.

Immediate cause of death: Cardiac Failure — Duration

Due to Generalized Metastases

Due to Gastric Carcinoma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert B. Tunney, M. D.
Address Saratoga & Calvert Sts Date signed 4/13/43

C-03278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117 B

C 03278
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St
(c) Hospital or institution: Md. Penitentiary Hospital 10 - 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ??

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 60 Blooms Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Campbell

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 29 yrs 5 mos 7 days

8. AGE: Years 29 | Months 5 | Days 7 | If less than one day: hr. 9 | 19 | 43 min.

9. Birthplace Keystone, Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Theodore Campbell
13. Birthplace Unknown

MOTHER
14. Maiden Name Maggie ??? Campbell
15. Birthplace Unknown

16 (a) Informant Theodore Campbell
(b) Address 60 Blooms ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1 43 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md

18 (a) Funeral director John M. Caldwell
(b) Address 166 W. Jonathon

19 APR 15 1943 (Date received by local registrar) Hagerstown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1943 at 10:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1943 to Feb. 26 1943, and that I last saw him alive on Feb. 26 1943.

Immediate cause of death: Respiratory failure — Duration
Due to: Spinal anaesthetic?
Due to: On operating table.
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Nature of injury

23. Signature Raymond M. Cunningham, M.D.
Address 10 - 8a Service Ave. Date signed 2-26-43

VS 150

Howard J. Masters, M.D.

G 03279

JL-80903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

G 03279

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2428 E. Monument St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Robert DeCoursey

3 (b) If veteran, name war

3 (c) Social Security Account No. ? 217-07-1[illegible]

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Sophia (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1877

8. AGE: Years 65 66 | Months -10 | Days 9 - | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Cutter-

11. Industry or business U.S. Printing & Lithograph

FATHER 12. Name James DeCoursey

13. Birthplace Md.

MOTHER 14. Maiden Name Matilda ?

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (month) (day) (year)

(c) Cemetery or crematory Western Cem.

Location Baltimore, Md.

18 (a) Funeral director Charles Schimunek

(b) Address 2601 E. Madison St.

19 (a) April 15 1943 (Date rec'd by registrar) Huntington Williams Registrar

(b) APR 15 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14-43 19 .. at 6.42 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1943, to 4-14 1943, and that I last saw h.[illegible] alive on 4-14 1943.

Immediate cause of death: Pneumococcic meningitis — Duration: ?

Due to Pneumococcic endocarditis — Duration: ?

Due to Pneumococcic Septicemia — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Crane M.D.

Address B. C. H. Date signed 4-14-1943

C 03280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 Registration No. C 03280

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Burgundy St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jasper Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL APR 15 1943

18 (a) Funeral director Commissioner of Health

Address

19 (a) APR 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943 at 7 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sunday at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Probable fall

23. Signature Robert A. Graham M.D. Medical Examiner

Date signed April 4 1943

VS 6

9997

03281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. C 03281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 48 Market Place - Rooming
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John McDonald

3 (b) If veteran, name war —

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5-1943 at 2.05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

JOHNS HOPKINS MEDICAL SCHOOL APR 15 1943
Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) APR 15 1943 (Date rec'd by registrar) (b) Investigator for Williams, M.D. Registrar

VS 6

9998

Immediate cause of death — **Duration**

Coronary Thrombosis

Due to

Due to

Other Conditions Emphysema of two years duration. Chronic nephritis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moldaeis M.D.
Medical Examiner.

Date signed 4-6-43

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G 03282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

G 03282 Registered No.

Room - 601 Cathedral St

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME John Stanley Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 48 | Months | Days | If less than one day hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL APR 15 1943 Commissioner of Health

18 (a) Funeral director

(b) Address

19 APR 15 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

9999

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9- 1943, at 11:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic Myocardial Degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner

Date signed 4-9-43

over

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mary Louise Stepp

G 03283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G 03283

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Madison ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Louise Stepp
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Earl Stepp
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1920

8. AGE: Years	Months	Days	If less than one day: hr.	min.
22	6	21		

9. Birthplace Wooderville, Ala (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Curtle Hodge
13. Birthplace Ala.

MOTHER
14. Maiden Name Carrie Elliott
15. Birthplace Ala.

16 (a) Informant Cpl. Earl Stepp, Co. B,
(b) Address 3777th Eng. Bn, Fort Knox, Ky.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/43 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Fairmont, W. Va.

18 (a) Funeral director John M. Johnson
(b) Address 17 So Durst St Fairmont W. Va.

19 (a) APR 15 1943 (Date received by local registrar) L. Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 12 - 1943, at 3 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured skull — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4 - 11 - 43
(c) Where did injury occur? (Street or R.F.D. No.) Harrisville Interurban (City or town) Balto. Co. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Car (Specify type of place) While at work? No
(e) Means of injury Auto - ran Wood, Dr. Thomas.

23. Signature Howard J. Huddleson M.D. Medical Examiner
Date signed 4-12-43

V8 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 03284 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered, or a penalty applies. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: Maryland University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Blattau

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 1877

8. AGE: Years 65 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John A Blattau
13. Birthplace Md

MOTHER 14. Maiden Name Julia Feakleman
15. Birthplace Md

16 (a) Informant Hospt Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Hollins, M.D.

APR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943 at 2.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1942 to April 13 1943, and that I last saw her alive on April 13 1943.

Immediate cause of death Gradatgid Carcinomatosis — Duration 3 mos

Due to Primary Carcinoma of Ileocolic duct — 6 mo?

Due to

Other Conditions Bilateral atelectasis besides — 1 mo.
(Include pregnancy within 3 months of death)

Date of operation 12-31-42

Major findings of operation Carcinoma of ileocolic duct & peritoneal metastasis

Autopsy? Bil. atelectasis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunter Brake M. D.
Address NMW Hospt Date signed 4-13-43

3285 G 03285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 E. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 E. Charles St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Italy

3 (a) FULL NAME Rose Giunta

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife (Deceased) Alfonso Giunta 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1876

8. AGE: Years	Months	Days	If less than one day
67	3	19	hr. min.

9. Birthplace Valguarnera-Caropepe, Sicily, Italy (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Thomas Aversa
13. Birthplace Sicily Italy

MOTHER
14. Maiden Name ~~Josephine~~ Rosina Lorre
15. Birthplace Sicily, Italy

16 (a) Informant Mr. Joseph Giunta (Son)
(b) Address 1415 E. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem. Location Baltimore, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 E. Charles St.

19 (a) APR 15 1943 Huntingtor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1943, at 9:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 1943 to Apr. 14 1943 and that I last saw her alive on April 6, 1943

Immediate cause of death — Duration

(a) Carcinoma of Stomach — 5 Days
Due to (b) Senile Myocarditis — 5 yrs
Due to (c) Kyphoscoliosis — 5 yrs
Other Conditions Arteriosclerosis — 5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 4/15/43

VS 180

03286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

G 03286
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 Lovington Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Lovington Av.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret Dreager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife (Deceased) Jefferson Davis Dreager
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 4, 1861

8. AGE: Years	Months	Days	If less than one day
81	11	10	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER
12. Name Alexander Walker
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Md.

16 (a) Informant Mrs. Emma V. Belt (Daughter)
(b) Address 1461 Woodall Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Bal. Co., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 S. Charles St.

19 (a) APR 15 1943 (b) Huntington Williams, M.D.
(Local registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1943, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1942 to 4-14 1943 and that I last saw h[er] alive on 4-13 1943.

Immediate cause of death	Duration
Chronic Myocardial degeneration	4 Mo.
Due to Arteriosclerosis	Sup.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature A. Howard Evans
Address 7078 Fort Ave Date signed 4-14-43

VS 100

G 03287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1780a

G 03287 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5200 Beaufort ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5200 Beaufort ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ada May Brandenburg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joshua B. B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1878

8. AGE: Years	Months	Days	If less than one day
65	1	24 23	hr. min.

9. Birthplace Pinksburg, Maryland. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Garrish
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Lorey
15. Birthplace Germany

16 (a) Informant MR. J. Bernard Brandenburg
(b) Address 5200 Beaufort Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Brandenburg M. E. Church
Location Loring Byers Barrett, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 (a) [illegible] (Registrar) (Deputy for Phillips, M.D.)

APR 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15- 1943, at 12 [illegible] AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said " " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Asphyxia Carbon Monoxide
Due to Accidental Gas
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4-14-43
(c) Where did injury occur? 5200 Beaufort ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation from gas range

23. Signature Howard J. Sneeden M.D. Medical Examiner.
Date signed 4-15-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 63288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Fruitland
(If outside city or town limits, write RURAL and give town)
(d) Street No. R (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Housman.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Grace Housman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/17/1879

8. AGE: Years	Months	Days	If less than one day
63	9	26	hr. min.

9. Birthplace Fruitland, Balto Co. Md.
(Town, county, and state)
10. Usual Occupation Farmer.
11. Industry or business

FATHER
12. Name Reuben Housman.
13. Birthplace Fruitland, Md.

MOTHER
14. Maiden Name Jennie Hampshire.
15. Birthplace Fruitland Md.

16 (a) Informant Kenneth M. Housman.
(b) Address 428 Isaac Road

17 (a) Burial (b) Date thereof 4-17-43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Middletown.
Location Baltimore Co. Md.

18 (a) Funeral director Walter R. McNamee
(b) Address 4114 Gaza Road Huntingtown Baltimore, Md.

19 (a) APR 16 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943 at 10:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1943 to April 13 1943, and that I last saw him alive on April 13 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to Cachexia	
Due to Carcinoma Stomach	
Other Conditions Paralysis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature H. Pearre Mackubin M. D.
Address University Hosp. Date signed 4-21-43

VS 184

03289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 03289
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 S. BROADWAY
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Antoinette Marciniak
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	4		hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name JOHN A. MARCINIAK
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name FRANCES FILIPIAK
15. Birthplace BALTO. MD.

16 (a) Informant JOHN A MARCINIAK
(b) Address 618 S. BROADWAY

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/16/43 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS.
Location MT. CARMEL ROAD

18 (a) Funeral director M. J. Sadowski & Son
(b) Address 1807 Eastern Ave

19 (a) APR 10 1943 (Date rec'd by registrar) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1943, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1943 to April 13 1943, and that I last saw h[illegible] alive on April 15 1943.

Immediate cause of death	Duration
Paralytic Ileus	4 days
Due to Lobar Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fiesling
Address St. Joseph's Hosp. Date signed 4-14-43

G 03290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 03290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hosp. Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Howard Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME LOUIS EVERETT BENDER

3 (b) If veteran, name war: Spanish Am. War
3 (c) Social Security Account No. -

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Div.
6 (b) Name of husband or wife: -
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.) 9/18/1866
8. AGE: Years 76 | Months 6 | Days 27 | If less than one day: - hr. min.
9. Birthplace Catonsville, Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business --

FATHER
12. Name Edward Bender
13. Birthplace ?

MOTHER
14. Maiden Name Caroline Rhein
15. Birthplace ?

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (month) (day) (year)
(c) Cemetery or crematory Nat'l National
Location Bath Md

18 (a) Funeral director Edgar S. MacNabb
(b) Address Catonsville Md

APR 16 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 13, 1943, to April 15, 1943, and that I last saw him alive on Apr. 15, 1943.

Immediate cause of death: Acute left lower lobar pneumonia — Duration: 4 days

Due to: Advanced arteriosclerosis with marked nephrosclerosis and coronary sclerosis — Duration: Unknown

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: As above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -

23. Signature W. S. Bran, M. D.
Address Baltimore, Md. Date signed 4/15/43

VS 250

Va.13022

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03291
Registered No.

CERTIFICATE OF DEATH 13/a

G 02294

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 EdmondsonAve.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAGGIE MAITLAND

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1900

8. AGE: Years	Months	Days	If less than one day
43	2	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Thomas Maitland
13. Birthplace N. C.

MOTHER
14. Maiden Name Tinpia Reed
15. Birthplace N. C.

16 (a) Informant Mrs Rosa Lawson
(b) Address 817 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date received by Registrar) APR 16 1943 (b) Huntington Williams, M.D. (Address)

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH April 13, '43 19 at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1943 to April 13 1943 and that I last saw h-d alive on April 8 1943

Immediate cause of death Uraemia Coma — Duration a day

Due to Hypertension Cardio-vascular Renal

Due to Uraemia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H E Williams
Address 805 N Fremont Date signed April 14 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 copy of 03292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03292 Registered No.

830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widow

6 (b) Name of husband or wife Edw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64 65			hr. min.

9. Birthplace Balto Co. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business Domestic

MOTHER / FATHER
12. Name Alis Jones
13. Birthplace Balto Co Md
14. Maiden Name Irina Hughes
15. Birthplace Balto Co Md

16 (a) Informant Robert Jones
(b) Address 67 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Balto Co Md

18 (a) Funeral director Robt E Williams
(b) Address 1515 N Eden St

19 (a) APR 16 1943 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1943, at 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1943, to April 14 1943, and that I last saw her alive on April 16 1943.

Immediate cause of death: Hypostatic Pneumonia
Cerebral Hemorrhage — Duration 2 h. months

Due to

Due to

Other Conditions Hemiplegia (Left) Essential Hypertension — 3 h. months
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature S G Banfield M. D.
Address Provident Hospital Date signed 4-15-43

VS 180

Correct age if especially important. Physicians: please write the causes of death clearly and legibly.

2 Cert 03293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G 03293 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 N Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N Dallas St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma J Holloway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Hale Holloway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace St Marys Co. Md
(Town, county, or state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Joseph Camp bell
13. Birthplace St Marys Co Md

MOTHER
14. Maiden Name Annie Young
15. Birthplace St. Marys Co. Md

16 (a) Informant Maggie Couch
(b) Address 1632 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Arbutus Md

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St

19 (a) APR 16 1943 (Date filed by city registrar) Huntingtown Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1943, to April 13 1943, and that I last saw h alive on April 12 1943.

Immediate cause of death

Mitral Insufficiency

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Edward Kirby
1515 E Monument Date April 15 1943

VS 3

03294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1939 G 03294

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 W. Lombard St., 18-3 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME LUKA Chyr or LUKA Chyst CHIZ

If U. S. Veteran specify WAR ____

(a) Residence: No. 1118 W. Lombard St., ____ Ward.

(Usual place of abode)

SS. 212-20-5048

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aleksandra Chiz

6. DATE OF BIRTH (month, day, year) Not known ?

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
About 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe making

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russian

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Mr. John Dodgan

(Address) 506 Fairview Ave. Back River

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian Date Apr. 16, 1943

19. UNDERTAKER John A. Grebliunas Jr.

(Address) 423 S. Paca St.

20. Filed APR 16 1943, 19 ____

Hunting for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came natural death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury?

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hugh B. McNally M. D.

(Address) 700 Fleet St.

V 8 8

G 03295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 5/12

G 03295 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 ST JOHNS RD. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME SILAS H STOCKSDALE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	MALE	WHITE	MARRIED

6 (b) Name of husband or wife: Cora Keys Stocksdale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 8, 1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	11	6		

9. Birthplace Reisterstown BALTIMORE CO. MARYLAND (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name SILAS STOCKSDALE
13. Birthplace Reisterstown MARYLAND

MOTHER
14. Maiden Name SARAH JANE HISER
15. Birthplace Reisterstown MARYLAND

16 (a) Informant Mrs. Cora Stocksdale
(b) Address 623 St. Johns Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location Reisterstown, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 16 1943 Clinton Williams, M.D. Registrar
(Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 16 1943 at 5.50 PM

21. I certify that death occurred on the date above stated, that I attended deceased from April 13 1943 to April 17 1943, and that I last saw him alive on April 17 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to Carcinoma of the prostate with metastases to bone.	?
Due to	
Other Conditions Emphysema, Cardiac enlargement	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Carcinoma of prostate

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Fassett M.D.
Address Union Memorial Hosp. Date signed 4-19-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03296 / 131a G 03296 Registered No.

G 03296

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4604 Mary Ave.
(c) Hospital or institution:

26 I

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 4604 Mary Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: ALMA ETHEL FILBERT

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Charles A.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 30, 1890
8. AGE: Years: 52 Months: 11 Days: 14 If less than one day: hr. min.
9. Birthplace: Easton, Md. (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business:

FATHER
12. Name: Charles Dulin
13. Birthplace: Md.

MOTHER
14. Maiden Name: Sally Lord
15. Birthplace: Seaford, Del

16 (a) Informant: Mr. Charles A. Filbert
(b) Address: 4604 Mary Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (month) (day) (year)
(c) Cemetery or crematory: Oaklawn Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) Apr 16 1943 (b) Registrar

VS 280

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1943 at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25-1942 to 4-14-1943, and that I last saw her alive on 4-13-1943.

Immediate cause of death: Chronic uremia — Duration: 3 weeks, Duration

Due to: Chronic nephritis — Duration

Due to: Arteriosclerotic cardio-renal disease — Duration

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Wm. B. Dysart M.D.
Address 2302 Seaford Rd. Date signed 4-15-43

G 03297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03297 / 154 B — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 S. Cornwall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 S. Cornwall St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred R. Miller

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 213-07-5212

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Amelia M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 31, 1894

8. AGE: Years	Months	Days	If less than one day
48	5	15	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Crane Operator
11. Industry or business: Bethlehem Steel

FATHER
12. Name: Otto Miller
13. Birthplace: Germany

MOTHER
14. Maiden Name: Augusta Schumann
15. Birthplace: Germany

16 (a) Informant: Mrs. Amelia M. Miller
(b) Address: 400 S. Cornwall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Baltimore, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) APR 16 1943 (Date rec'd by registrar) (b) Huntington Mills Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15/43 19 at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13/ 19 43 to 4/15/43 and that I last saw him alive on 4/14/ 19 43.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Abscess of pair Lung	
Due to Fractured (Right)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mitchell L. Strickler M. D.
Address 2179 Eastern Ave Date signed 4/15/43

G 03298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03298 Registered No. 1220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 S. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Conway (Richard Tilden Conway)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Magdalena Conway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1875

8. AGE: Years 67 | Months 7 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Street Cleaner

11. Industry or business: Balto. City

FATHER
12. Name: Patrick Conway
13. Birthplace: unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Mrs. Magdalena Conway
(b) Address: 621 S. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) APR 16 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15 1943 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1943 to April 15 1943, and that I last saw him alive on April 15 1943.

Immediate cause of death: Hypostatic Pneumonia — Duration

Due to: " "

Due to:

Other Conditions: Strangulated Hernia & Hydrocele

(Include pregnancy within 3 months of death)

Date of operation: April 12, 1943

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Henry A. Brill M. D.

Address: New Hospt Date signed: 4.16.43

G 03299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03299 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 S. Chester St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 S. Chester Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrzej Mik-Or-Mich

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-5956

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Mik
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1882 ?

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61				

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business Sugar Refinery

FATHER
12. Name Martin Mik
13. Birthplace Poland

MOTHER
14. Maiden Name Victoria ?
15. Birthplace Poland

16 (a) Informant Mrs. Mary Mik (Wife)
(b) Address 207 S. Chester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A. Weber
(b) Address 705 So Conn street

19 (a) [illegible] Washington Boulevard
(Date received by local registrar) APR 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1943 at 7.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to Apr. 15 1943, and that I last saw h[illegible] alive on Apr. 14th 19

Immediate cause of death: Myocardial degeneration — Duration: 1 year
Coronary disease
Due to: changes - wrinkle of kidney
Due to:
Other Conditions: Enlarged liver with diarrhea — 6 mos
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature A. T. Rus M. D.
Address 24 S. Bond Date signed Apr. 16/43

GH 37874 Med. Exam. Case

GH 03300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

G 03300 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Orleans (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eunice Stepter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Vernon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-1911

8. AGE: Years 33 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER
12. Name Sam Jackson
13. Birthplace "

MOTHER
14. Maiden Name Mary "
15. Birthplace "

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Edwin A. Wilson
(b) Address 1000 Bradley Ave

19 (a) (Registrar) (b) Registrar

APR 16 1943

VS 180

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr-15 1943 at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 11 1943 to Apr 15 1943, and that I last saw h. alive on Apr 15 1943

Immediate cause of death: Acute pulmonary edema — Duration

Due to: 2nd & 3rd degree burns

Due to: Toxemia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N.C.H.
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-11-43 at 7:40 A M
(c) Where did injury occur? 1608 Orleans St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fire, 3½ H. room 1608 Orleans St

23. Signature M. C. Sanford
Address Johns Hopkins Hosp Date signed 4/15/43

Howard J. Madden, M.D.

03301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 22B

Registered No. C 03301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 751 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID WING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Trap, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Herbert Hall
(b) Address 802 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Tuberculosis, acute disseminated — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Asst Medical Examiner.

Date signed 4-14-43

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57

G 03302 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County 9
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 Monticello Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss. Florence E. Gilbert

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-1574

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24 1862

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61 yrs.	1	21		

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name [illegible] Gilbert

FATHER 13. Birthplace

MOTHER 14. Maiden Name Emma F. Hartman

MOTHER 15. Birthplace Frederick Md.

16 (a) Informant Mrs. Edwin R. Emory

(b) Address Cockeysville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1943 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md.

18 (a) Funeral director Cockeysville Store

(b) Address Cockeysville Md.

APR 16 1943

(Date received by Registrar) Hunington Williams M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943 6 P.M. to April 15 1943 6 P.M. and that I last saw her alive on April 15 1943 6 P.M.

Immediate cause of death	Duration
Cardio-respiratory arrest	
Due to Abdominal tumor of unknown origin.	?
Due to	
Other Conditions (None)	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Heathcock Jr.

Address Union Memorial Hosp. Date signed 4/15/43 M. D.

G 03303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

G 03303
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 Monument
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Monument
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME James Grant Trent
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widower

6 (b) Name of husband or wife Elizabeth E Trent
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 16 1865

8. AGE: Years	Months	Days	If less than one day
78	0	29	hr. min.

9. Birthplace York Co. Pa
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name James Trent
13. Birthplace Unknown

MOTHER
14. Maiden Name Maria —
15. Birthplace Unknown

16 (a) Informant Mrs. Lester E. Trent
(b) Address 3701 Hayward ave - Catonsville

17 (a) Burial (b) Date thereof April 18-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory West Lawn
Location White Hall Md

18 (a) Funeral director Howard S Watkins
(b) Address White Hall Md

19 (a) (b)
APR 16 1943
Registrar
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1943 at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to 4/15 1943 and that I last saw him alive on 4/15 1943

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Arterio-Sclerosis Hypertension — Duration Gradual
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

21. Signature W H Woody M. D.
Address 1403 Park Ave Date signed 4/16/43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

Morgue G 03304

G 03304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruley A Atkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 275-12-3750

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Daisy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 18, 1910

8. AGE: Years	Months	Days	If less than one day: hr.	min.
32 33	7	28		

9. Birthplace Portsmouth, Ohio (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business B & O. Railroad

FATHER
12. Name Charlie Adkins
13. Birthplace Kentucky

MOTHER
14. Maiden Name Dora Jones
15. Birthplace Kentucky

16 (a) Informant Mrs. E. Adkins
(b) Address 1306 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (Day)
(c) Cemetery or crematory not certain Location O'Donnell St.

18 (a) Funeral director Trundell & Sons
(b) Address 12. S. Howard St.

19 (a) (Date rec'd by registrar) (b) Signature for Williams M.R. Registrar

APR 10 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943 at 6 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or inquiry) (Autopsy or inquiry)

Immediate cause of death alcoholic delirium tremens — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fratson M.D. Medical Examiner

Date signed April 11 1943

G 03305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1100 G 03305 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Av.
(c) Hospital or institution: Md. Gen. Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3400 Dolfield Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William V. Williams

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 717-07-8287

4. Sex: Male | **5. Color or race:** White | **6 (a) Single, married, widowed, or divorced:** Married

6 (b) Name of husband or wife: Elizabeth G.

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.): 12/20/1884

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	3	25		

9. Birthplace: Tennessee (Knoxville)
(Town, county, and state or foreign country)

10. Usual Occupation: R.R. Conductor Freight

11. Industry or business: Pa. R. R.

FATHER
12. Name: R. A. Williams
13. Birthplace: Randolph Williams Tenn.

MOTHER
14. Maiden Name: -- Dickson
15. Birthplace: S. C.

16 (a) Informant: Mrs. Elizabeth G. Williams
(b) Address: 3400 Dolfield Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/19/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date received by Registrar) APR 16 1943 **(b)** Hunting for Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1943 at 7:15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 3/20 1943 to 4/15 1943, and that I last saw h[illegible] alive on 4/15 1943

Immediate cause of death Pulmonary embolism Duration

Due to Pleural empyema

Due to

Other Conditions Rectal abscess

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Martin W. Kreger, Jr. M.D.
Address Md. Gen. Hosp. **Date signed** 4/16/43

G 03306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 150

G 03306
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 E. 28th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

916

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 E. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Dorothy Lockwood

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	11	15		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Frederick Buscher
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Yeager
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Allen Lockwood
(b) Address 1908 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto.

18 (a) Funeral director WM. J. FICKNER & SONS
(b) Address North & Pa., Balto. Md.

19 (a) (Date received by registrar) APR 18 1943 (b) Huntington Williams, M.D. Registrar

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15, 1943 at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1942 to Apr. 15 1943 and that I last saw h alive on Apr. 5 1943

Immediate cause of death	Duration
Carcinoma Cancer of rectum + bladder	2 mos.
Due to Metastasis	
Due to Cancer of brain (Secondary)	4 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature G W Ney a D
Address 1520 E 32 Date signed 4/16/43

G 03307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V117a

G 03307
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden and Madison
(c) Hospital or institution: Maryland Genl. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. ~~Md. Genl. Hosp.~~ 1527 S Charles St
(If rural, give locality)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Charles R. England

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-9969

4. Sex M&B | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Agnes A. England (nee Hartline) 6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) August 24, 1894

8. AGE: Years ~~48~~ 48 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business National Brewery

FATHER
12. Name John F. England
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Nettie Helms
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Agnes A. England (Wife)
(b) Address 1527 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location B. P. O., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 S. Charles St.

19 (a) G 1043 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

APR 19 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1943, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1943, to 4/15 1943, and that I last saw him alive on 4/15 1943.

Immediate cause of death: Gastric ulcer — Duration

Due to Gastric ulcer

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastric ulcer
Partial gastrectomy
Of autopsy

PHYSICIAN
(Underline the name to which birth should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.
Address Md. Genl. Hosp. Date signed 4/16/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

03308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 03308
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Calhoun
(c) Hospital or institution Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 4048 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Wallett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Franklin Sq. Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francis Frederick Wallett
13. Birthplace Balto, md.

MOTHER
14. Maiden Name Edith Lee Hollis
15. Birthplace Balto, md.

16 (a) Informant Mrs Francis Wallett
(b) Address 4048 Cold Spring Lane Balto

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 16 1943

18 (a) Funeral director Commissioner of Health

(b) Address Huntingtown, Calvert, Md.

APR 16 1943
(Date rec'd by Registrar) Registrar

VS 150

F 6893

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8- 1943 at 6 30 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 4-7 1943 to 4-8 1943, and that I last saw him alive on 4/8 1943.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hospital Date signed 4/12/43

03309

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03309
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lakeland & Raynor Sts
(c) Hospital or institution: W. Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Medville, Pa (If outside city or town limits, write RURAL and give town)
(d) Street No. Rier Hotel, Chestnut St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Kenneth Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/14/43 5:16 A.M.

8. AGE: Years | Months | Days | If less than one day: 17 hr. 44 min.

9. Birthplace W. Balto. Gen. Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Kenneth Cornelius Allen
13. Birthplace Brockway, Pa

MOTHER
14. Maiden Name Patricia Manthey Burrows
15. Birthplace Sharon, Pa

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 16 1943

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, M.D.

19 (a) APR 16 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1943 at 11:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19.
and that I last saw h alive on 19

Immediate cause of death: intracranial hemorrhage
Due to trauma at birth
Due to dystocia
Other Conditions atelectasis
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy 4/15/43

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sharon W. Cheetham M.D.
Address W & G H
Date signed 4/15/43

VS 180

0002

43-2 63410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03210 / 178a

G 03210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 Boston (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Steve Stankowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Sep

6 (b) Name of husband or wife: Carrie

6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 62 | Months | Days | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Cooper

11. Industry or business

FATHER — 12. Name: Frank Stankowski
13. Birthplace: Poland

MOTHER — 14. Maiden Name: Mamie
15. Birthplace:

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/17/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cem.
Location: Baltimore, Md.

18 (a) Funeral director: John Eu Debes
(b) Address: 401 S. Chester St

19 APR 16 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 15 1943, at 1:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 7 1943 to Apr 15 1943, and that I last saw him alive on Apr 15 1943.

Immediate cause of death: Carbon Monoxide Poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Petechial Brain Hemorrhages

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 4/7/43 at 5 P.M.
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Illuminating gas

23. Signature: Albert C. Austin

Address: The Johns Hopkins Hospital Date signed: 4/15/43

Howard J. Haddaway, M. D.

G 03311

432730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X G 03311 Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Pholney (If outside city or town limits, write RURAL and give town.)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence Fisher

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - ? - 1914

8. AGE: Years	Months	Days	If less than one day
34	1		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Truck driver
11. Industry or business

FATHER 12. Name Lawrance Fisher
13. Birthplace Md.

MOTHER 14. Maiden Name Eleanor ?
15. Birthplace Md.

16 (a) Informant Anna Mae Smith
(b) Address [illegible] Lutherville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towsontown, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1628 Druid Hill Ave.

19 (a) (Date received by Registrar) APR 16 1943 Registrar Huntington Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1943 at 9.05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1943 to April 14 1943 and that I last saw him alive on April 14 1943

Immediate cause of death Uremia — Duration

Due to Extensive second and third degree

Due to Burns

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4 - 8 - 43 at 7 P M
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public ? While at work? Yes ?
(Specify type of place)
(e) Means of injury Clothes conflagration - cigarette

23. Signature Marshall C. Lanford
Address Johns Hopkins Hosp. Date signed 4/15/43
For H. L. Williamson
Howard J. Andersen, M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1921

G 03312 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2034 McCulloh St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2034 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Harcum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Bertha Johnson Harcum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16 1875

8. AGE: Years 68 | Months - 2 | Days - 5 | If less than one day: hr. min.

9. Birthplace Northumberland Co. Va.
(City, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name John E. Harcum
13. Birthplace Northumberland Co. Va.

MOTHER
14. Maiden Name Sarah Ball
15. Birthplace Northumberland Co. Va.

16 (a) Informant William C. Harcum
(b) Address 1608 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Wm. George H. Stafford
(b) Address 1681 Druid Hill Ave.

19 (a) (b) Registrar

APR 16 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1943 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 15 1943; that I last saw him alive on April 14 1943.

Immediate cause of death Endocarditis & Nephritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James C Carson M. D.
Address 1014 S Sharp St Date signed 4-16-43

G 03313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 03313

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 1242 Stricker Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Yvonne HAFNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Albert Hafner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/5/1919

8. AGE: Years	Months	Days	If less than one day: hr.	min.
23	7	9		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Philip J Vail
13. Birthplace Md.

MOTHER
14. Maiden Name Yvonne
15. Birthplace Md.

16 (a) Informant Albert Hafner.
(b) Address 1242 Stricker Ave.
17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/17/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location
18 (a) Funeral director Harry L Hatch
(b) Address 4101 Edmondson Ave.
19 APR 17 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1943 at 3.15 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1943 to 4/14 1943 and that I last saw h.. alive on 4/13 1943

Immediate cause of death Probable embolism - pneumonia & cardiac failure.
Due to Subacute bacterial endocarditis
Due to Rheumatic cardiac & mitral stenosis.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3/28
Major findings of operation: Acute rales - fluid intermixed with uterus
of autopsy:

Duration
17 d.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 4-14-43

VS 180

03314

JL- 80952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

Registered No. G 03314

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 840 W. Lombard St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Ella Egglin Or Ella Eggling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. ? 1874

8. AGE: Years	Months	Days	If less than one day
69 ?	? 6	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER

12. Name George Egglin

13. Birthplace Md

MOTHER

14. Maiden Name Marylicentee

15. Birthplace Ireland

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Edmondson and

18 (a) Funeral director Harry H Wetzler

(b) Address 1[illegible] Edmondson Ave

19 APR 17 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15-43 19 , at 5-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14-43 19 , to 4-15-1943 , and that I last saw h[illegible] alive on 4-15-1943

Immediate cause of death	Duration
Bronchopneumonia	?
Due to	
Due to	
Other conditions Rheumatic heart disease (Include pregnancy within 3 months of death)	?

Date of operation

Major findings of operation:

of autopsy: Be alone

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Cross M. D.

Address B. C. H. Date signed 4-16-43

VS 180

G 03315
432663

BALTIMORE CITY HEALTH DEPARTMENT X
CERTIFICATE OF DEATH 45B

Registered No. G 03315

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Williamstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Blue Bell Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest E. Lindner
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-2-95

8. AGE: Years	Months	Days	If less than one day
47	7	14	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Agency Supervisor
11. Industry or business Insurance

FATHER
12. Name Ernest Lindner
13. Birthplace Germany

MOTHER
14. Maiden Name Frederick ?
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4- (month) (day) 1943 (year)
(c) Cemetery or crematory
Location Philadelphia Pa.

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) APR 17 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943 at 10 32 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1943 to April 16 1943 and that I last saw him alive on April 16 1943

Immediate cause of death Acute Cardiac + respiratory failure — Duration

Due to Acute Iodism — 10 days

Due to

Other Conditions Ca. of tongue, Syphilis, P.O. Sinus Of + Fl NNG.
(Include pregnancy within 3 months of death)

Date of operation 4/7/43

Major findings of operations

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address J. H. H. Date signed 4-16-43 M. D.

VS 150

G 03316

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 03316

CERTIFICATE OF DEATH 1943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Myers

If U. S. Veteran specify WAR

(a) Residence: No. 1032 N. Castle St. St., 7-4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harriet A.

6. DATE OF BIRTH (month, day, year): July 26, 1880

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: William Myers

14. BIRTHPLACE (city or town) (State or country): Balto., Md.

MOTHER

15. MAIDEN NAME: Mollie ?

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Harriet A. Myers

(Address): 1032 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: 4-17-43

19. UNDERTAKER: William Cook Inc

(Address): 1217 St. Paul St.

20. FILED: APR 17 1943, 19

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/14/43 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his/her death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh B. McNally M. D.

(Address) 700 E. Lat St. Coroner

V 66

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

03317 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 03317

94a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME LAWRENCE H. GOODMAN W. U. S. Veteran (Specify WAR .....)

(a) Residence: No. 1316 W. Lexington St., 19 - Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Goodman

6. DATE OF BIRTH (month, day, year) March 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landscape Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Queens Anne Co Md.

FATHER

13. NAME Unknown Goodman

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John Schillenberger (Address) 1428 E. Federal

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md. State 4/19 19 43

19. UNDERTAKER William Cook Inc (Address) 1217 St. Paul St

20. FILED APR 17 1943 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an inquest thereon; and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance .....

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. Wallenmeyer M. D.

(Address) Asst Medical Examiner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

03318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. 03318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 Mc Kean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-3
(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Mc Kewin Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Paino Marshall

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband Louis C. Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6th 1853

8. AGE: Years 89 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation
11. Industry or business —

FATHER 12. Name Thomas C. Paino
FATHER 13. Birthplace Washington D.C.

MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace "

16 (a) Informant Arthur B. Marshall
(b) Address 926 N. Payson St

17 (a) Burial (b) Date thereof 4/19/43 (month) (day) (year)
(Burial, ~~cremation, or removal~~)

(c) ~~Cemetery or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director Wallizer Park Inc
(b) Address 127 St. Paul St.

APR 17 1943

19 (a) Filed [illegible] Williams M.D. (Registrar)

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1943. 6th P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1943. to 19 .
and that I last saw h er alive on Apr. 15 1943.

	Duration
Immediate cause of death: Cerebral hemorrhage in frontal region	1/2 hr
Due to: Cerebral Arteriosclerosis	yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature A. F. Klein M. D.
Address 24 S. Mary Date signed Apr 16/43

G 03319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G 03319

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 E. 29th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 M
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 E. 29th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie O'Brien Miller

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband: Thos J. Miller Sr
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 10th 1875

8. AGE: Years 67 | Months 6 | Days 5 | If less than one day: ____ hr. ____ min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Peter J. O'Brien
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Virginia Harrigan
15. Birthplace Balto. Md.

16 (a) Informant Vernon Miller
(b) Address 631 E. 29th St

17 (a) Burial (b) Date thereof 4/17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Cathedral
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) 4/17/1943 (b) [illegible] for Williams M.D.
(Date rec'd by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1943, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19th 1943. Apr. 15th. 1943.
and that I last saw h 9r alive on Apr. 15th. 1943.

Immediate cause of death: Uremia — Duration: 24 hrs.
Due to Chronic Parenchymatous Nephritis — unknown
Due to
Other Conditions Secondary Amenia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 401 S. 25th. St. Date signed 4/16/43.

VS 250

6 43320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. 6 43320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Carrollton Blvd
(c) Hospital or institution: N.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Carrollton Blvd N. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Wigglesworth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 79 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto. Md

18 (a) Funeral director Chas. H. Roper

(b) Address 514 N. Calhoun St.

19 APR 17 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1943 at 2:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Investigation thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Investigation find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Fractured Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-6-43 at 11.30 A.M.
(c) Where did injury occur? 701 Carrollton Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down inside stairway.

23. Signature Dr. H. L. Wollenweber M.D.
Medical Examiner.

Date signed 4-16-43

Howard J. Haddaway M.D.

VS 6

Correct age is especially important. Physician: please write the cause of death very legibly.

G 03321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96 G 03321

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emmanuel Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MICHAEL C. O'CONNOR

U. S. Veteran specify WAR ...

(a) Residence: No. 1222 Cleveland St. 21 W 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lotz Sarah

6. DATE OF BIRTH (month, day, year) Unknown 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Charles O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Dwyer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Charles McKenzie

(Address) 543 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial New Cathedral 4/19/43

(Date)

19. UNDERTAKER John F. Conway & Son

(Address) 901 Hollins St.

20. FILED ... 19 ... Williams Registrar

APR 17 1943 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm, aorta	
arteriosclerosis, ruptured	

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. L. Wollenweber M. D.

(Address) Asst. Medical Examiner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

v.s.

G 03322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

G 03322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave.
(c) Hospital or institution:
SINAI HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Talbot Road.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MILDRED L. GUNDERSHEIMER.

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Milton E. Gundersheimer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1890

8. AGE: Years	Months	Days	If less than one day
52	4	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Levy,
13. Birthplace Manchester, England.

MOTHER
14. Maiden Name Bertha Arnold,
15. Birthplace Chambersburg, Pa.

16 (a) Informant Mr. Milton E. Gundersheimer
(b) Address 2520 Talbot Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/43. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS Form APR 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1943, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1943, to 4/15 1943; that I last saw him alive on 4/14 1943.

Immediate cause of death: Cerebral Embolism — Duration

Due to Subacute Bacterial Endocarditis

Due to Patent interventricular Septum Congenital Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Max R. Goodstein M. D.
Address Sinai Hospital Date signed 4/15/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G 03323
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 Pentwood Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Jasper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Benjamin H. Jasper
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Mary Smith
15. Birthplace: Pa.

16 (a) Informant: Hosp Records.
(b) Address

17 (a) Apr. Burial (Burial, cremation, or removal) (b) Date thereof Apr 17 1943 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Balto.

18 (a) Funeral director: Stanley F. Dill
(b) Address: 1504 E Fort Ave

19 (a) APR 17 1943 (Date rec'd by registrar) Livingston Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943, to April 16 1943, and that I last saw alive on April 16 1943.

Immediate cause of death: Intercranial Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Hemorrhage Epicardial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Christian J. Peeler

Address: St. Joseph's Hosp. Date signed: 4/17/43 M.D.

VS 2

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

G 03324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G 03324

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Henry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Kenton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie A. Kenton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7. 1883

8. AGE: Years	Months	Days	If less than one day
59	4	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business City Bath Commission

FATHER
12. Name Thomas Kenton
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary E. Pierson
15. Birthplace Delaware

16 (a) Informant Minnie A. Kenton
(b) Address 1514 Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19. 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3107 W. North Ave.

19 (a) APR 17 1943 (Local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943, at 7.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1943, to April 16 1943, and that I last saw him alive on April 16 1943.

Immediate cause of death: Carcinoma of Liver, primary — Duration

Due to Possible Primary Bronchogenic Carcinoma

Due to

Other Conditions Dehydration, Malnutrition
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. B. Shipley M. D.
Address University Hospital Date signed 4-16-43

VS 150

G 03325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 920

✓ G 03325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3025 Clifton Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No.

3 (a) FULL NAME Massay L. Tucker

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Major Morris W. Tucker
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Apr. 3 - 1864

8. AGE: Years	Months	Days	If less than one day
79	0	12	hr. min.

9. Birthplace: Baltimore - Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: None

FATHER
12. Name: James M. Adams
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Eliz. J. Clark
15. Birthplace: Balto. Md.

16 (a) Informant: Mrs. Y. O. Wilson (Son-in-law)
(b) Address: 3025 Clifton Ave. City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1943 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Md.

18 (a) Funeral director: Stewart & Marken Co.
(b) Address: 108 W. North Ave.

19 (a) APR 17 1943 Washington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1943, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to April 15 1943, and that I last saw h.e alive on April 15 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 days
Entire Right side Paralyzed
Due to Arterial Sclerosis — 10 years
Due to Nephritis and Arterio Sclerosis and regurgitation — 10 years
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Herbert E. Zepp M. D.
Address 3048 N. Howard St Date signed 4/16/43
Baltimore Md.

correct age is especially important. Physicians: please write the cause of death very plainly.

G 03326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03326 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. and Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town S Stevenson (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Herman Stephen Kayser

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. Herman B. Kayser
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1872

8. AGE: Years	Months	Days	If less than one day
71	2	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Linen Merchant

FATHER
12. Name Mr. Herman Kayser
13. Birthplace Virginia.

MOTHER
14. Maiden Name Cephalia A. Cafton
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Ethel M. S. Kuperstein
(b) Address Stevenson-Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W Madison St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 188 APR 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1943, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943 to April 15 1943, and that I last saw him alive on April 15 1943.

Immediate cause of death Cardiac - respiratory failure — Duration

Due to Staphylococcic Septicemia

Due to Bacterial endocarditis, Staph.

Other Conditions Abscess in epidural space Paraparesis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

If autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 4-15-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB- 74080 03327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

G 03327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Mo. 14-2
(e) Length of stay in Baltimore (yrs., mos., or days) 5 oryears

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amalea Thiess or Amalie Theis

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	F	W	Widow

6 (b) Name of husband or wife Richard C. Thies
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 72 ?

8. AGE: Years	Months	Days	If less than one day hr.	min.
71 72 ?	?	?		

9. Birthplace Switzerland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name ? Not Known
13. Birthplace ? Switzerland

MOTHER
14. Maiden Name ? Not Known
15. Birthplace ? Switzerland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr/19/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave.

18 (a) Funeral director Stewart & Monument Co
(b) Address 108 W. North Ave.

19 (a) [illegible] Williams M.D.
(Signature of registrar) Registrar

VS 11a

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16-43 19 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25-42 19 to 4-16 19 43, and that I last saw h. alive on 4-16 19 43.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive C.V.D.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: By alone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Goss M. D.
Address B.C.H. Date signed 4-17-43

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 03328

CERTIFICATE OF DEATH

84 c G 03328

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME NANCY J. TAYLOR

If U. S. Veteran specify WAR.

(a) Residence: No. 128 N. Castle St., 6-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of John Howard Taylor

6. DATE OF BIRTH (month, day, year) Apr. 28, 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27 29	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME Wiatt Flowers

14. BIRTHPLACE (city or town) (State or country) Bethlehem, Md.

MOTHER

15. MAIDEN NAME Emma V. Stanley

16. BIRTHPLACE (city or town) (State or country) Amherst Co. Va.

17. INFORMANT John Howard Taylor

(Address) 128 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Holy Redeemer Date 4/19/ 1943

19. UNDERTAKER M. W. G. Diggs's Sons

(Address) New York & Ann Sts.

20. FILED APR 17 1943 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral edema	
due to manic depressive psychosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Z. Wallenmeyer M. D.

(Address) Asst. Med. Examiner

V 8 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AB-80960 G 03329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 03329 Registered No. 148 a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Yrs.

15-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Cumberland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernice Vernetta Stansbury F73967

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27-1929

8. AGE: Years	Months	Days	If less than one day
13	4	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Father Home

FATHER
12. Name Clayton Stansbury
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Vessel
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 16 43 (month) (day) (year)
(c) Cemetery or crematory Sugar Creek
Location Sugar Creek, Md.

18 (a) Funeral director Elmer E. Bullock
(b) Address Havre de Grace, Md.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

APR 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943 at 2.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1943 to 4-16 1943 and that I last saw her alive on 4-16 1943.

Immediate cause of death: Eclampsia of Pregnancy — Duration: 3 days
Due to
Due to
Other Conditions: Cardiac Failure, Early Bronchopneumonia — Duration: over
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Eclampsia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M. D.
Address Balto. City Hosp. Date signed 4-17-43

03330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 03330
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Pasadena P.O. (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Fort Smallwood Rd.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Robert J Cremen

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex M.

5. Color or race W.

6 (a) Single, (married) widowed, or divorced.

6 (b) Name of husband or wife Mrs. Robert J. Cremen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1892

8. AGE: Years 51 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Chicago, Cook Co. Illinois
(Town, county, and state)

10. Usual Occupation Farmer.

11. Industry or business

FATHER
12. Name Cornelius Cremen
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emily Kelly.
15. Birthplace Balto. Md.

16 (a) Informant Hosp. records
(b) Address

17 (a) Burial (b) Date thereof 4/19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory David Ridgely
Location Parkville Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 182 N. North Ave.

19 APR 17 1943 (b) Huntington, West Virginia
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943, at 12:26 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1943 to April 16 1943, and that I last saw h. alive on April 16 1943.

Immediate cause of death
Cardio - resp. failure

Duration: One. Hours.

Due to Pulmonary embolism following myocardial infarction 9 days

Due to Hypertension arteriosclerotic cardio-vascular disease

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp Date signed 4/16/43

G 03331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

G 03331 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4619 Frankford Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4619 Frankford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John R. Fallon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1871

8. AGE: Years	Months	Days	If less than one day
71	10	5	hr. min.

9. Birthplace Frederick, Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Fallon
13. Birthplace Frederick, Md

MOTHER
14. Maiden Name Mary Schill
15. Birthplace Frederick Md.

16 (a) Informant Family
(b) Address 4619 Frankford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard Buck
(b) Address 6306 Harford Rd

APR 17 1943 (b) Huntingtown, Md. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943 at 2.38 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1943 to April 16 1943 and that I last saw h[illegible] alive on April 16 1943

Immediate cause of death: Coronary thrombosis
Due to: Hypertension arterio-sclerotic cardiovascular renal disease

Duration: 12 hrs. / 15 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury (Specify type of motor)

23. Signature [signature]
Address 6217 Harford Rd Date signed 4/19/43

3332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118 G 03332 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully furnished. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 27-15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Smith Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sister Mary Alfred

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---------

6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1900

8. AGE: Years	Months	Days	If less than one day
42	7	5	-- hr. --- min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Sister of Mercy

11. Industry or business ---------

FATHER
12. Name Alphonse Ruppert
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Catherine Dietz
15. Birthplace Germany

16 (a) Informant Mercy Hospital Records
(b) Address Calvert & Saratoga Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)
(c) Cemetery or crematory Mount St. Agnes
Location Mount Washington

18 (a) Funeral director H. W. Meade & Son
(b) Address 805 N. Calvert Street

19 (a) APR 17 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943 at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1943 to April 16 1943, and that I last saw her alive on April 16 1943.

Immediate cause of death Uremia

Due to Kidney shutdown caused by Sulfadiazine

Due to Pneumonia

Other Conditions None

Duration Uremia lasted 6 days. Pneumonia lasted 9 days.

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy Acute hemorrhagic nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Brennan M. D.
Address Mercy Hospital Date signed 4-17-43

VS 184

G 03333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

G 03333 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 523 N. Carey St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Md

(If outside city or town limits, write RURAL and give County)

(d) Street No. 523 N. Carey St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Katie Jackson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Robt Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25-1898

8. AGE: Years 44 Months 4 Days 16 If less than one day hr. min.

9. Birthplace A A Co Md.

(Town, county and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Henry Brown

13. Birthplace A A Co Md.

MOTHER 14. Maiden Name Willie Porter

15. Birthplace A A Co Md.

16 (a) Informant Robt Jackson

(b) Address 523 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location

18 (a) Funeral director Mrs Hubbard Williams

(b) Address 322 N Schroeder St

19 (a) APR 17 1943 Registrar's signature Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943. at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to April 13 1943 and that I last saw he alive on April 13 1943

Immediate cause of death Carcinoma of Uterus

Duration 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

(f) Signature F. C. Link M.D.

(g) Address North Ave & Linwood Ave Date signed April 19 1943

VS 3

G 03334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G 03334 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Smallwood St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Smallwood St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Dora R. Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-8047

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1878

8. AGE: Years	Months	Days	If less than one day
65	0	26 25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Charles H. Dorsey
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hannah J. Cathers
15. Birthplace Md.

16 (a) Informant Caroline G. Dorsey
(b) Address 1811 N. Smallwood St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place Williams, M.D.

APR 18 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943 at 3a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1943 to Apr 16 1943 and that I last saw h[illegible] alive on April 1943

Immediate cause of death: Endocarditis — Duration

Due to

Due to

Other Conditions Chronic Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest P. Cathers M. D.
Address 1735 Poplar Grove St. Date signed

VS 250

G 03335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03335
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully looked for and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St Mary's Co.
(c) City or town U S Naval Air St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Patuxent River
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes L. Mask

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-18-75

8. AGE: Years	Months	Days	If less than one day
68	3	27	hr. min.

9. Birthplace Wis
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Edward A. Keller
13. Birthplace Pa

MOTHER
14. Maiden Name Agnes L. Ridge
15. Birthplace Minn.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (b) Date thereof Apr 17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or Crematory Fort Lincoln
Location Prince Geo. Co., Md

18 (a) Funeral director John Oehrtal Hill Sons
(b) Address 1905 Eutaw Place

19 (a) APR 18 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1943 at 4 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1943 to Apr 15 1943 and that I last saw her alive on Apr 15 1943

Immediate cause of death Atypical Pneumonia, bi-lateral.

Duration

Due to Cause undetermined

Due to

Other Conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hope L Mowatt M. D.
Address Johns Hopkins Hospital Date signed 4/16/43

G 03336

G 03336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Monkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham Elliott

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	

6 (b) Name of husband or wife Mollie W. Elliott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9-1858

8. AGE: Years	Months	Days	If less than one day
84 yrs.	5	7	hr. min.

9. Birthplace WHITE HALL MD. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thom A. Elliott
13. Birthplace White Hall Md

MOTHER
14. Maiden Name Mary Brokenbrough
15. Birthplace Harford Co

16 (a) Informant W. W. Elliott
(b) Address Monkton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19-43 (month) (day) (year)
(c) Cemetery or crematory McKendree
Location White Hall Md

18 (a) Funeral director Howard J. Mackline
(b) Address White Hall Md

19 (a) APR 18 1943 (Registered by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943, at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1943 to April 16 1943 and that I last saw h alive on 4/10 1943.

Immediate cause of death ? Cerebral Hemorrhage — Duration 1 day

Due to —

Due to

Other Conditions Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Lamm Jr M. D.
Address Franklin Sq Hospital Date signed

VS 2

G 03337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03337
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 Orchard
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Orchard (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Washington

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/1/81

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	1	11		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ? Washington
13. Birthplace Md

MOTHER
14. Maiden Name Auburn
15. Birthplace Baltimore

16 (a) Informant Mrs Jalia Washington
(b) Address 1335 Londagan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Apr 18 1943 (b) Huntington Williamsburg, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/43 19 9 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/43 to 4/17/43.
and that I last saw him alive on 4/17/43.

Immediate cause of death Coronary Thrombosis — Duration 3 days
Due to
Due to
Other Conditions
(Whether pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Ellis
Address 1911 Harlem Date signed 4/19/43

VS 3

G 03338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03338 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully verified. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 N. Eden Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Eden Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie M. Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alexander Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1878

8. AGE: Years 64 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Calvert Co., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Barageare
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace "

16 (a) Informant Alexander Butler
(b) Address 408 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-43 (month) (day) (year)
(c) Cemetery or crematory Beasts Chapel
Location Calvert Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date received by registrar) (b) Signature of Williams, M.D.

APR 18 1943

MEDICAL CERTIFICATION

P

20. DATE OF DEATH April 15, 1943 at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 43 to April 15 19 43, and that I last saw h alive on April 14 19 43.

Immediate cause of death: Haemorrhage Cerebral of Pelvis — Duration 6 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young, M.D.

Address 142 E Monument St Date signed 4/17/43

G 03339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

G 03339 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4426 Forest View Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4426 Forest View Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Bernhardt Egner

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-1658

4. Sex: Male
5. Color or race: White
6 (a) Single, married, ~~widowed~~ or divorced: Married
6 (b) Name of ~~husband or~~ wife: Kittyrine Egner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 9th 71
8. AGE: Years 71 | Months 10 | Days 7 | If less than one day: hr. min.
9. Birthplace Germany (State or county, and state)
10. Usual Occupation Chemist
11. Industry or business Borough Bros

FATHER
12. Name David M. Egner
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Leidig
15. Birthplace Germany

16 (a) Informant Milton Egner
(b) Address 3303 Beverly Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

APR 18 1943 Huntington Williams Md
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16th 1943. at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1943. to 4/16 1943. and that I last saw him alive on 4/14 1943.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 2 mos.
Due to
Due to
Other Conditions: Bronchial Asthma — Duration: 25 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John N Mackan M. D.
Address 63-4 Belair Rd Date signed 4/17/43

G 03340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

G 03340

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2792 Tivoly Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2792 Tivoly Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Rollen Wirt Robertson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-4438

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lottie Marie Robertson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 28th 1874

8. AGE: Years	Months	Days	If less than one day
69	0	19	hr. min.

9. Birthplace Balto. Md.

(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Arundel Corp'n

FATHER

12. Name Elias Robertson

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Ellen Parker

15. Birthplace Balto Md

16 (a) Informant Lottie M. Robertson

(b) Address 2792 Tivoly Ave

17 (a) Removal (b) Date thereof 4/19/43

(burial, cremation, or other) (month) (day) (year)

(c) Cemetery or crematory Robertson Burial Grounds

Location White Haven, Wicomico Co. Md

18 (a) Funeral director Wallace Bok Inc

(b) Address 1207 St Paul st

19 (a) 19 1943 Huntington Williams M.D.

(b) Address (Signature of person acting as undertaker)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1943, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 to April 19; and that I last saw h[illegible] alive on June 16 1943.

Immediate cause of death: Coronary Heart Disease

Due to: Diabetes

Due to: Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Thomas Jenkins M. D.

Address 2916 E Balto Date signed

G 03341

G 03341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Charles St & St Dunstans Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles St & St Dunstans Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Hiller Greenway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1870

8. AGE: Years	Months	Days	If less than one day
72	9	16	2 hr. — min.

9. Birthplace Havre de Grace, Harford, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Jesse Hillen
13. Birthplace Kennett Square, Penna

MOTHER
14. Maiden Name Mary Catherine Sadler
15. Birthplace Havre de Grace, Md

16 (a) Informant Irving Adams
(b) Address 104 Marine Bank Bldg. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19 43 (month) (day) (year)
(c) Cemetery Greenmount
Location Baltimore, Md

18 (a) Funeral director Henry M. Jenkins Sons
(b) Address McCulloh & Orchard Sts Balto, Md

APR 18 1943 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17- 1943 at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 1941 to 4-17 1943 and that I last saw h. alive on 4-12 1943.

Immediate cause of death Agonal failure Chronic Myo-Cardiolysis

Duration 2-3 years

Due to

Due to

Other Conditions Cardiac asthma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 115 Chase Date signed 4-17-43

G 03342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03342 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eut
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cassie Pritchett

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 5, 1877

8. AGE: Years 65 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Supt Wilfore
(b) Address: 329 St Paul Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 20-43 (month) (day) (year)
(c) Cemetery or crematory: Mt Carmel
Location: O'Donnell St E of E

18 (a) Funeral director: Wilkinson Bond Inc
(b) Address: 1317 St Paul Street

19 (a) APR 18 1943 (b) Registrar: Huntington Williams, M.D.
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 17 1943 at 78 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1943 to Apr. 16 1943, and that I last saw h[illegible] alive on Apr 16 1943.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to: adv. arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Loyd Bynum M. D.
Address: 1700 Eutaw Place Date signed: 4-17-43

433155

G 03343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03343

Registered No. 1578

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 N. Montford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gary Guy

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-9-42

8. AGE: Years	Months	Days	If less than one day
	6	8	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Harry Guy
13. Birthplace W. Va.

MOTHER
14. Maiden Name Virgie Waugh
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19th 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave. Ext.

18 (a) Funeral director Leo G. Brook
(b) Address 1701-03 N. Patterson Park ave

APR 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943 at 2 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1943 to Apr 17 1943 and that I last saw him alive on Apr 17 1943

Immediate cause of death: Asphyxia — Duration 2 Days

Due to Laryngeal stridor — congenital malformation, upper respiratory infection

Due to

Other Conditions Meningomyelocele closed first

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dantrino V. Troppo
Address Johns Hopkins Hospital Date signed 4/17/43

YS 180

G 03344

G 03344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mercy Hospital

(c) Hospital or institution: Calvert & Saratoga Sts

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2500 E. Oliver St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Clemens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 36 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Leo L Clemens

13. Birthplace Md

MOTHER 14. Maiden Name Grace Childress

15. Birthplace Md

16 (a) Informant Leo L Clemens

(b) Address 2500 E Oliver St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4-19-1943 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Location Belair Road

18 (a) Funeral director Leo F. Leo Eddy

(b) Address 1701-03 N Patterson Park ave

19 (a) [illegible] (b) [illegible] Augustus Williams Registrar

APR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 17 1943 at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1943 to Apr 17 1943 and that I last saw him alive on Apr 17 1943

Immediate cause of death Cerebral Hemorrhage — Duration 36 hr

Due to Prematurity

Due to 30 wk. Pregnancy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. L. Sheehan

Address Mercy Hosp Date signed 4-20-43

03345

HEALTH DEPARTMENT—CITY OF BALTIMORE

03345

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET CRAWFORD

If U. S. Veteran specify WAR

(a) Residence: No. 1417 Rutter St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13 193[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME George Crawford

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hall

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT George Crawford

(Address) 1417 Rutter Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 19 43

19. UNDERTAKER George F. Jackson

(Address) 1303 Pennsylvania Ave

20. APR 18 1943 Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7:25 PM Apr. 15, 19 43

22. I HEREBY CERTIFY, That I took charge of the remains described above; and an autopsy (Personal Autopsy or Inquiry) thereon; and from the evidence obtained by me and (Personal Autopsy or Inquiry) I find that said deceased came to her death at the time stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobular	

Other contributory causes of importance

Anemia, secondary, [illegible] undetermined

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Wollenweber, M. D.

(Address) per Robert Lee Graham
Abs. Medical Examiner
700 E. Lexington St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified; state nature of OCCUPATION in very important. See instructions on back of certificate.

V 56

G 03346 ✓ G 03346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1654 N. Gilmor St
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1654 N. Gilmor St
(If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Rosa Handy Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	Col.	Widowed

6 (b) Name of husband or wife Joseph Hicks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11. 18. 890

8. AGE: Years	Months	Days	If less than one day
62 63	4	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Handy
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Brooks
15. Birthplace Md.

16 (a) Informant Mable Parker
(b) Address 1654 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 - 19 - 43 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location Md

18 (a) Funeral director George H. Kelson
(b) Address 1303 Presstman St

19 (a) APR 18 1943 (Date rec'd by registrar) (b) Interring for Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1943, at 10.0 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 4 1943, to Apr. 15 1943, and that I last saw him alive on Apr. 15 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 12 Days
Due to Ruptured Blood Vessel
Due to Arterial Hypertension
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Maxwell Lawrence M. D.
Address 1033 W. Lanvale St. Date signed 4/17/43

VS 2

G 03347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15

G 03347 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 230 da. 15
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1336 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Naon Smith 76383

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Vimara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1921

8. AGE: Years	Months	Days	If less than one day
21	9	4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation kitchen helper
11. Industry or business

FATHER
12. Name Alfred Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Lillian Wilson
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month, day, year)
(c) Cemetery or crematory St. Peters
Location Md.

18 (a) Funeral director Reg. H. Kelsey
(b) Address 1303 Pressman

19 (a) [illegible] (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 19 43 at 3:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28 19 42 to Apr. 15 19 43, and that I last saw him alive on Apr. 15 19 43.

Immediate cause of death
Tuberculous peritonitis — Duration 7
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature A S Hartt M. D.
Address Balto City Hosp Date signed 4/16/43

Apr 18 1943

M. D. S. 12004

0334 HEALTH DEPARTMENT—CITY OF BALTIMORE 93348

CERTIFICATE OF DEATH

95c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N Schroeder St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 18 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John H Myers

(a) Residence: No. 311 N Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Myers

6. DATE OF BIRTH (month, day, year) July 7, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 70	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ? Yrs

12. BIRTHPLACE (city or town) (State or country) Penn Dale Co Md

FATHER

13. NAME Perry Myers

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Malinda Hall

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT V L Norwood

(Address) 929 W Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 15, 43

19. UNDERTAKER Mrs Rosetta R Williams

(Address) 323 N Schroeder St

Date APR 16 1943 Hunting Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1943

22. I HEREBY CERTIFY, That I attended deceased from Apl 1 19 to Apl 14 19

I last saw h alive on Apl 14 19 43 Death is said to have occurred on the date stated above, at 2:20 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	9
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V L Norwood M. D.

(Address) 929 W Fayette St

V. S. 3

CAUSE OF DEATH is not sufficient. If deceased was a woman, whether single, married, widowed or divorced, state the fact. OCCUPATION is very important. See instructions on back of certificate.

G 03349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3a

G 03349
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2905 Kildare Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 Kildare Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME C. MILTON DICKERSON

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 217-16-6195

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife: Mary Edna Dickerson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 24, 1867

8. AGE: Years	Months	Days	If less than one day
75	4	22	hr. min.

9. Birthplace: Dickerson, Md. (Town, county, and state)
10. Usual Occupation: Attorney
11. Industry or business: Dickerson & Nice

FATHER
12. Name: William Dickerson
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Elizabeth Ellen Trundle
15. Birthplace: Maryland

16 (a) Informant: Mrs. Mary Edna Dickerson
(b) Address: 2905 Kildare Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)
(c) Cemetery or crematory: Monocacy Cem.
Location: Beallsville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Baltimore, Md.

APR 18 1943
(Date received by registrar) by Huntington for William Buehler

MEDICAL CERTIFICATION PM

20. DATE OF DEATH Apr. 16, 1943, at 11:30

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1939 to April 16 1943, and that I last saw h[illegible] alive on April 16 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 hrs
Due to: Hypertension — Duration: about 3 yrs
Due to: Arterio Sclerosis — Duration: 3 yrs
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. G. Mann M. D.
Address 716 Cathedral St. Date signed 4/17/43

VS 250

G 03350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91B Registered No. G 03350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 1634 Homestead St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sharon Lee Russo

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Child

6 (b) Name of husband or wife —
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1942

8. AGE: Years	Months	Days	If less than one day
	4½	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Frank F. Russo
13. Birthplace Balto., Md.
14. Maiden Name Lula J. McKelvey
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Lula Russo
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 18 1943 (b)
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1943, 2A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon, and from the evidence obtained by autopsy find that said deceased came to her death on the date stated above.
(Attorney or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Thrombosis of abdominal aorta — Duration
Due to mural thrombi in heart
Due to Cardiac hypertrophy and dilatation.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy? Yes

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jno. R. L. Graham M.D.
Medical Examiner.
Date signed 4-15-43

Howard J. Weddell, M.D.

G 03351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 03351
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2863
(b) Street address Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days) 38yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2863 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Moskowitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Paul

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 77 Months Days If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name Ellis Goldman

13. Birthplace R.

14. Maiden Name Chia Leah —

15. Birthplace R.

16 (a) Informant Max Moffet

(b) Address 3312 Elsen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-43 (month) (day) (year)

(c) Cemetery or crematory Wash. Blvd.

Location Chas Cem Corp.

18 (a) Funeral director Geo Kaiser Sons

(b) 394 E. Baltimore St. Baltimore, Md.

APR 18 1943
(Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16-43 1943 at 2.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1941 to 4/16/43 19 ; and that I last saw h alive on 4/17/43 19

Immediate cause of death Uremia

Myocardial failure

Due to Hypertension

Myocarditis

Due to Arteriosclerotic

Senility.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Nathan Stupin M.D.

Address 2351 Eutaw Pl. Date signed 4/18/43

VS 180

correct age is especially important. Physicians: please write true cause of death clearly and legibly.

G 03352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. G 03352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 Ashland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ida S. Shuman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Jacob Shuman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Samuel Shuman
(b) Address 6620 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rest
Location Baltimore County

18 (a) Funeral director Jacob Levine Inc.
(b) Address 1139 E. Balto. St.

R 4-18-1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943 to April 17 1943, and that I last saw her alive on April 17 1943

Immediate cause of death: Cardiac Failure — Duration

Due to Hypertensive CVD

Due to Carcinoma of Intestine (?)

Other Conditions Fractured left femur

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 14 1943 M
(c) Where did injury occur? 1300 Ashland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down stairs

23. Signature Irving Rabinowitz M.D.
Address Sinai Hospital Date signed 4/17/43

For Dr. Rich. Graham
Howard J. Rhinehart, M.D.

M7-[illegible]3353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 03353

Registered No. 9513

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Moreland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DavidGordon

3 (b) If veteran, name war

3 (c) Social Security Account No. 248 09 4937

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1884

8. AGE: Years	Months	Days	If less than one day
59	1	13	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Ish Gordon
13. Birthplace Russia

MOTHER
14. Maiden Name Lepa?
15. Birthplace Russia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-43 (month) (day) (year)
(c) Cemetery or crematory Pinedale
Location

18 (a) Funeral director Jack Pevirs Inc
(b) Address 1434 E. Balto. St
(c) [illegible] 1943 (Date rec'd by registrar) (d) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-43 19 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1943, to 4-17 1943, and that I last saw him alive on 4-17 1943.

Immediate cause of death	Duration
Cardiac failure	8 days
Due to Chronic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Ross M.D.
Address B. C. H. Date signed 4-17-43

VS 180

Correct age is especially important. Physician: please write the causes of death clearly and legibly.

G 03354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. G 03354

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County ——
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3805 - DORCHESTER ROAD (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ERWOOD RICHARDSON SPARKS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	

6 (b) Name of husband or wife NOT AVAILABLE Clara Howard Sparks 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 3, 1872

8. AGE: Years	Months	Days	If less than one day
70	011	14	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation CHIEF CLERK
11. Industry or business B & O RAILROAD

FATHER
12. Name JAMES N. SPARKS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ELIZABETH RICHARDSON
15. Birthplace MARYLAND

16 (a) Informant HOSPITAL RECORD
(b) Address 33rd & Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Harry H. Wirth
(b) Address 411 Edmondson Ave

19 APR 18 1943 (b) Huntington Williams M.D.
(Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943 at 12.48 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9, 1943. to April 17 1943. and that I last saw him alive on April 17 1943.

Immediate cause of death: Myocardial infarction (coronary occlusion)
Due to arteriosclerotic heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration: ?

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Corkran M. D.
Address Union Memorial Hosp Date signed 4/17/43

G 03355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03355 Registered No. 488

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Hilton Rd
(c) Hospital or institution: Edgerton Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 13 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Aberdeen (If outside city or town limits, write RURAL and give town)
(d) Street No. Bracken Aberdeen Md (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Johanna Frances Bonnett

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Ernest William Bonnett
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1866

8. AGE: Years	Months	Days	If less than one day
76	6	2827	hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Philip Brockman
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Adam Bonnett (Son)
(b) Address 136 Pine St Aberdeen Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 20 1943 (month) (day) (year)
(c) Cemetery or crematory Druid
Location Aberdeen Md

18 (a) Funeral director Henry Fanning Sons
(b) Address Aberdeen Md

19 (a) APR 18 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943, at 8 30 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1943 to April 18 1943 and that I last saw her alive on March 1 1943.

Immediate cause of death	Duration
Coronary Embolism	2 mos
Due to Mitral Stenosis, Hypertension	9 mos
Mitral Regurgitation	13 mos
Due to Cerebral Uremia	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. E. A. Stevens
Address 28 N Harford Md Date signed 4-18-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

03356

432825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

G 03356

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 N. Spring (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Virginia Ames

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-41

8. AGE: Years	Months	Days	If less than one day
1	7	8	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alfred Ames
13. Birthplace Md

MOTHER
14. Maiden Name Ruth Williams
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Chas O Wilson
(b) Address 1000 Brantley Ave Huntington Woods Md

APR 19 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 16 1943 at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9 1943 to Apr 16 1943, and that I last saw her alive on Apr 16 1943.

Immediate cause of death: Meningitis — Duration: 10 days
Due to: Influenza bacillus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius D. Trapgia M. D.
Address Johns Hopkins Hospital Date signed 4/17/43

VS 180

PLEASE WRITE PLAINLY, with unfading ink. Every item must be answered or correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03357
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Bruton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Gerard (O'Neill) O.S.B.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1894

8. AGE: Years	Months	Days	If less than one day
49	6	26	hr. min.

9. Birthplace Va.
(State, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name Michael O'Neil
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Mary E Betts
15. Birthplace Richmond, Va

16 (a) Informant Hosp Records
(b) Address Fayette St.

17 (a) removal (b) Date thereof Apr. 18, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Manassas, Va
Location Manassas, Va

18 (a) Funeral director Georgia Grahs Sons
(b) Address Hyattsville, Md.

19 (a) APR 19 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 1943 at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1943 to 4/18 1943 and that I last saw h[illegible] alive on 4/18 1943

Immediate cause of death: Emphysema - Rt Pleural
Due to: Bronchiogenic C.A.
Due to:
Other Conditions: Bronchiectasis-Rt Lung Abscess Rt, Hydrothorax Rt
(Include pregnancy within 3 months of death)
Date of operation [redacted] 4/7/43
Major findings of operation: Metastatic carcinoma (carried Hand)
of autopsy: Bronchiogenic C.A.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M.D.
Address Bon Secours Hosp. Date signed 4-18-43

VS 3

C 03358

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 03358

CERTIFICATE OF DEATH

930

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EDWARD TURNER

If U. S. Veteran specify WAR

(a) Residence: No. 1104 W. Fayette St St., 18-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	M

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie Stargen Turner

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Nathaniel Turner

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sadie Watson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Emma Stanley

(Address) 1079 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Accomac, Va Date 4/19/ 1943

19. UNDERTAKER Edgar Thomas

(Address) Accomac, Va.

20. APR 19 1943 Hattie Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiovascular disease

Date of onset

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H L Wallenmeyer M. D.

(Address) Asst Medical Examiner

OCCUPATION is very important. See instructions on back of certificate.

V 56

1104 W. Fayette St

G 03359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87 D

G 03359 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2436 E Chase St
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 E Chase St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Anna Margaret Sloan

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles Herbert Sloan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23 - 1888

8. AGE: Years	Months	Days	If less than one day
54	3	25	24 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name John Snyder
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Schaefer
15. Birthplace Md.

16 (a) Informant Mrs Mary Friendeffer
(b) Address 2436 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director William Cook Sons
(b) Address 1617 St. Paul St.

19 (a) APR 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943 at 12 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1941 to April 17 1943 and that I last saw her alive on April 16 1943

Immediate cause of death Broncho Pneumonia — Duration 5 D.
Due to Multiple Sclerosis — 2 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F A Stevens M. D.
Address 1878 Harford Date signed 4/18/43

VS 250

READ carefully, and fill in every item for which you have the information. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

03360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 03360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gail Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Lako
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Leslie Day

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eunice Day
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18 1902

8. AGE: Years	Months	Days	If less than one day
40	4	0	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Bethlehem Steel Co

FATHER
12. Name John Day
13. Birthplace N. C.

MOTHER
14. Maiden Name Madora Stevens
15. Birthplace N. C.

16 (a) Informant Eunice Day
(b) Address 1002 E. North Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)
(c) Cemetery or crematory Winston-Salem
Location N. C.

18 (a) Funeral director William Cox Doc
(b) Address 1217 E Paul St

19 (Date received) APR 19 1943 (Signature of registrar) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943. 6:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1943 to April 18 1943 and that I last saw him alive on April 4 1943.

Immediate cause of death: Multiple lung abscesses — Duration

Due to: Lobar pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation April 17, 1943.

Major findings of operation: Purulent bronchopneumonia - Draining bronchopleural fistula

Date of autopsy: Lung abscesses.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Andrew Zalesky, M.D.
South Baltimore General Hospital
Address Baltimore, Maryland Date signed April 19, 1943

03361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 03361
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2443 Callow Ave
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city limits, write RURAL and give town)
(d) Street No. 2443 Callow Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Freda Matz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Oscar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Lazarus Caplan
13. Birthplace Russia

MOTHER
14. Maiden Name Pauline Davis
15. Birthplace Russia

16 (a) Informant Mr Harry Matz
(b) Address 2443 Callow Ave

17 (a) Burial (b) Date thereof April 19, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 APR 19 1943 [illegible] Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1943 at 11,15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1933 to April 17 1943, and that I last saw h alive on April 17 1943.

Immediate cause of death Coronary occlusion — Duration 18 hrs.

Due to Arteriosclerosis — 3 yrs.

Due to

Other Conditions Diabetes mellitus — 10 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
1943
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Eberman M. D.
Address 941 St. Paul St. Date signed 7-16-43

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

✓ G 03362

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 Elm Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Elm Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert LeRoy Hudson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Blanche C. Hudson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14-1907

8. AGE: Years 35 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Baltimore Police Dept.

11. Industry or business

FATHER
12. Name Thomas H. Hudson
13. Birthplace Maryland

MOTHER
14. Maiden Name Addie Williams
15. Birthplace Maryland

16 (a) Informant Mrs. Blanche C. Hudson
(b) Address 3031 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21-1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3621 Falls Road

19 (a) (b)
(Date received by registrar) Registrar

APR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943, at 4.33 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Apr 17 1942, and that I last saw him alive on Apr 17 1942.

Immediate cause of death: Bacterial Endocarditis — Duration: 6 mos

Due to Pyorrhoea. Extraction Oct '42

Due to

Other Conditions Ch. arthritis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]

Address 2020 N. Charles Date signed 4/19/43 M. D.

Filed APR 19 1943 Hunting for Williams, M.R.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 03363
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3835 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3835 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Elizabeth E. Schutz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If Mive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 24-1879
8. AGE: Years 63 Months 4 Days 23 If less than one day hr. min.
9. Birthplace Baltimore Maryland (City, county, and state)
10. Usual Occupation Cashier Telephone Co.
11. Industry or business Retired Jan. 1936

FATHER
12. Name William G. Schutz
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth A. Stott
15. Birthplace Virginia

16 (a) Informant Miss Agnes Virginia Schutz
(b) Address 3835 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3691 Falls Road

19 (a) [illegible] Registrar
Baltimore, Md.

APR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943. at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942 to Apr 17 1943, and that I last saw [illegible] alive on Apr 15 1943.

Immediate cause of death: Cardiac decompensation — Duration 2 days

Due to: Cardio-vascular disease (arteriosclerosis) — Duration 5 yrs.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 4466 Roland Ave Date signed 4/19/43

G 03364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 03364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4115 Falls Road
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4115 Falls Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Amanda Bell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William Bell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 28-1862

8. AGE: Years 81 | Months 2 | Days 17 | If less than one day: hr. min.

9. Birthplace: Carroll Co. Maryland
(City, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Alfred Gosnell
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Mary E. Taylor
15. Birthplace: Unknown

16 (a) Informant: Miss Daisy A. Bell
(b) Address: 4115 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 19-1943 (month) (day) (year)
(c) Cemetery or crematory: St. Mary's Cemetery
Location: Baltimore Maryland

18 (a) Funeral director: Horace F. Burgee
(b) Address: 3711 Falls Road

19 (a) APR 19 1943 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1943, at 11:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10-1941 to 4-15-1943 and that I last saw her alive on 4-15-1943.

Immediate cause of death: Cardiac Decomp - arteriosclerotic Cardiovascular Disease — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Laurance J. Armand M. D.
Address 3711 Falls Rd Date signed 4-16-43

Please write plainly, using ink. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Give the correct age is especially important.

G 03365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 03365

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 S. Eaton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 S. Eaton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Waclawski

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	— —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Waclawski
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 1867?

8. AGE: Years	Months	Days	If less than one day
76?			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Joseph Mucha
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna ?
15. Birthplace Poland

16 (a) Informant John Waclawski
(b) Address 603 S. Caton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann Street

19 Hunting Ter. Williams, M.D. APR 19 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17- 1943, at 5-50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy and Inquiry thereon and from the evidence obtained by said Autopsy and Inquiry had that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 4-18-43

VS 6

G 03366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 03366 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 261 S. Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 261 S.Robinson St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME OTTILIE BERTHA AUSCHWITZ

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Charles Auschwitz
6 (c) If alive, give age - years
7. Birth date of deceased (mo., day, yr.): May 1.1867
8. AGE: Years 75 | Months 11 | Days 14 | If less than one day: hr. min.
9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: - - -

FATHER
12. Name ? Grams
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant: Mrs.Alma Mack(Daughter)
(b) Address: 261 S.Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr.19.1943 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave.& Broadway

19 (a) APR 19 1943 (Date rec'd by Registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15. 1943 at 5.00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937 to April 15 1943. and that I last saw h-e-r alive on April 13 19 43

Immediate cause of death: Hypertensive Cardio-Vascular Disease

Due to: Chr. Valvular Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Chas Lowery M. D.
Address 1512 Broadway Date signed 4/17/43

3367

AB-80336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 93367
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo. 4Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Keene

3 (b) If veteran, name war

3 (c) Social Security Account No. 273-10-6461

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Margaret (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16-1875

8. AGE: Years	Months	Days	If less than one day
67	9	1	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Keene
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Catherine Ewing
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof 4 20 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-43 19 at 7 38 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 19 43, to 4-17 19 43, and that I last saw him alive on 4-17 19 43.

Immediate cause of death	Duration
Bronchopneumonia	2 wks
Due to Paralysis agitans	30 yrs
Due to Generalized arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Cronin M. D.
Address B. C. H. Date signed 4-17-43

VS 250

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

3368

MJ- 80992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 03368
Registered No.

correct age is especially important. Physicians; please write the cause as plainly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

9-16

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 E. 30th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Schaefer

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-1190

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27 1870

8. AGE: Years	Months	Days	If less than one day
53	1	20	hr. min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation Unable to work
11. Industry or business

FATHER
12. Name Anton Schaefer (D)
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Mueller (D)
15. Birthplace Austria

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof 4 20 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-43 19 at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1943 to 4-17 1943, and that I last saw h. alive on 4-17 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive C-V-D	16 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: Ag alum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Crowe M. D.
Address B. C. H. Date signed 4-17-43

VS 180

G 83369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1240 Registered No. G 83369

AB-80598

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 745 N. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Gorsecht

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Henry Gorsecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6-1879

8. AGE: Years	Months	Days	If less than one day
64	3	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Louis Schleicher
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Jerschied
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS (RECORDS)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19 43 (Month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore
18 (a) Funeral director Philip Henrich Sons
(b) Address 2024 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16-43 19 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1943, to 4-16 1943 and that I last saw h.e. alive on 4-16 1943.

Immediate cause of death: Bronchopneumonia — Duration 3 Days
Due to: Cirrhosis of Liver — Duration ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Cross M.D.
Address B.C.H. Date signed 4-16-43

VS 180

PLEASE WRITE PLAINLY, with unfading pencil. Physicians: please write the causes of death clearly and legibly. Give correct age in especially important.

03370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. C 03370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 745 N. Kenwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 745 N. Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Schleicher

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3 - 1890

8. AGE: Years 53 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Louis Schleicher
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Gerschied
15. Birthplace Germany

16 (a) Informant Louis Schleicher
(b) Address 2714 Auburn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943 at 4 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/43 to 4/17/43 and that I last saw him alive on 4/15/43

Immediate cause of death	Duration
Myocardial Degeneration	1 yr.
Due to	
Due to Arteriosclerosis	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Trumpower M. D.
Address 1710 E. 33rd Date signed 4/18/43

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 03371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

G 03371 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring + Belvedere
(c) Hospital or institution:
Hebrew Home for Aged + Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring + Belvedere
(Rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Moses Lashinsky

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Aged Home
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Rut Rd + Hamilton Ave
18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.
19 (a) 4/19/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1943 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28-1941 to 4-19-1943, and that I last saw him alive on 4-19-1943.

Immediate cause of death Intercerebral Meningitis
Arteriosclerosis Hypertension

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund L. Levin M. D.
Address Levindale Date signed

VS 180

G 03372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 ✓

G 03372 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Insert information requested in every item. Where any item is unknown, write "unknown." Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 Grantley St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Grantley St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Martha V. Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frederick E. Bailey
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.): August 20, 1899

8. AGE: Years 43 | Months 7 | Days 28 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: George W. Fox
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Martha V. Austin
15. Birthplace: Baltimore, Md.

16 (a) Informant: Frederick E. Bailey
(b) Address: 707 Grantley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave.

18 (a) Funeral director: Peter O. Mitchell & Sons, Inc.
(b) Address: 1900 Eutaw Place

19 (a) [illegible] Huntington Williamsport Md. Registrar

APR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943 at 7.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1943 to April 17 1943 and that I last saw h[illegible] alive on April 17 1943.

Immediate cause of death: Generalized carcinomatosis — Duration: 6 months

Due to: Carcinoma of uterus — Duration: 3 years.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: W Mitchell

Address: 2901 Edmondson Ave. Date signed: April 19 43 M.

G 03373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 03373 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 Venable Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Venable Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME John Edward Benson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mattie Halle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1881

8. AGE: Years 61 | Months 7 | Days 24 23 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: bartender

11. Industry or business

FATHER
12. Name: Joseph Benson
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Jane E. McCoy
15. Birthplace: Baltimore, Md.

16 (a) Informant: Carrie E. Benson
(b) Address: 414 Venable Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave.

18 (a) Funeral director: John O. Mitchell's Sons, Inc.
(b) Address: 1900 Eutaw Place

19 (a) APR 19 1943 (b) [illegible]
VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1943. at 12.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939. to APR. 17 1943. and that I last saw him alive on 4-16 1943.

Immediate cause of death: MYOCARDITIS — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Edwards Jr. M. D.
Address 3926 Greenmount Ave. Date signed 4-17-43

G 03374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 03374

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2615 Talbot Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 2
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2615 Talbot Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH N. ULMAN

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella G. Ulman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1878.

8. AGE: Years	Months	Days	If less than one day
64	8	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Judge: Supreme Bench
11. Industry or business

FATHER
12. Name Nathan Ulman,
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown,
15. Birthplace Unknown.

16 (a) Informant Mr. S. Nyberg,
(b) Address Balto. Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/19/43. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Harris Sonneborn & Son,
(b) Address 1902 Eutaw Place.

19 (a) APR 19 1943 (Date received) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1943 to April 18 1943, and that I last saw h[illegible] alive on April 18 1943.

Immediate cause of death
Acute Coronary Occlusion. — Duration 1 Day
Due to Hypertensive C-V. Dis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature Saml Wolman, M. D.
Address 1814 Eutaw Pl Date signed 4-18-43

VS 3

G 03375 ✓ G 03375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2685 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Winters, Sr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1859

8. AGE: Years	Months	Days	If less than one day
83 yrs.	7	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not known
13. Birthplace Not known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Admission note
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location W. Northwood at Ross st

18 (a) Funeral director Sprury Luke
(b) Address 1203 N. Broadway

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

APR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943, at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943 to April 17 1943, and that I last saw him alive on April 17 1943.

Immediate cause of death Congestive Heart Failure

Due to Myocardial Insufficiency

Due to Arteriosclerotic heart disease.

Other Conditions Terminal bronchial pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Union Memorial Hosp. Baltimore, Md. Date signed 4/17/43

3376

JL- 72793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 D

Registered No. G 03376

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 21
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 E. 25th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Myrtle Bessie Butler or Myrtle Bessie Bryan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1921

8. AGE: Years	Months	Days	If less than one day
22	1	1	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frank Butler
13. Birthplace Md.

MOTHER
14. Maiden Name Bessie Beauchamp
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. near South St., R.F.

18 (a) Funeral director William H. Mozeak
(b) Address 945 E. Lombard St. Williams, M.D.

19 (a) APR 19 1943 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15-43 19 , at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1942 to 4-15 1943, and that I last saw h alive on 4-15 1943.

Immediate cause of death	Duration
Cardiac failure	?
Due to Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address B. C. H. Date signed 4-16-43

correct age is especially important. Physicians, please write the name of the deceased plainly.

VS 180

G 03377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 03377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 E. Preston Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sterling Watson
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-8917

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Dead
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 13, 1873

8. AGE: Years	Months	Days	If less than one day
70	1	5	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Belvedere Hotel

FATHER
12. Name Roderick Watson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Zerapour
15. Birthplace Maryland

16 (a) Informant Sterling Watson
(b) Address 225 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21, 43 (month) (day) (year)
(c) Cemetery or crematory Wilmington Del.
Location Cemetery

18 (a) Funeral director J. William Lee Sons & Co.
(b) Address 200 4½ St. N.E. Washington D.C.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943 at 12:20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943 to April 18 1943, and that I last saw him alive on April 18 1943.

Immediate cause of death: Cardiac failure — Duration unknown
Due to: Coronary Thrombosis — Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. R. Inglis M. D.
Address Mercy Hospital Date signed 4/18/43

Huntington Williams, M.D.

Correct age is especially important. Physician: please write the cause of death very plainly.

G 03378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

✓ G 03378 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dawson St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 740 Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Bryant
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rachel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-12-1897

8. AGE: Years 46 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Jacksonville Fla. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name —
13. Birthplace Unk.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Rachel Bryant
(b) Address 740 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4. 19. 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 517 N. Calhoun St.

19 (a) (Date received) APR 19 1943 (Registrar) Hunting for Baltimore

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1943 at 7:45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 12 1943 to April 15 1943, and that I last saw him alive on April 13 1943.

Immediate cause of death: Bronchopneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 4-15-43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 03379 ✓ G 03379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital

12

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 W. University Parkway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME FREDERICK ALLPORT DALE

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Eloise Dale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1872

8. AGE: Years	Months	Days	If less than one day
70	8	9	- hr. min.

9. Birthplace Belfont, Pa. (Town, county, and state)
10. Usual Occupation Colonel (retired)
11. Industry or business Colonel (r) U.S.Army

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43. (month) (day) (year)
(c) Cemetery or crematory Arlington - Virginia
Location

18 (a) Funeral director A. Lee Oder
(b) Address 64 Hilltop Rd. Huntington Williams

19 (a) APR 19 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1943, at 8:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8, 1943 to Apr. 16, 1943 and that I last saw him alive on Apr. 16, 1943.

Immediate cause of death
Cerebral hemorrhage — Duration 4 mos.
Due to Hypertension — 1932
Due to
Other Conditions Hypertensive cardio-vascular renal disease
(Include pregnancy within 3 months of death)
Date of operation - -
Major findings of operation: -
of autopsy: - None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -

My Signature L. S. Bram M. D.
Address Baltimore, Md. Date signed 4/17/43

correct age is especially important. Physicians: please write the cause of death very plainly.

VS 280 Via - Motor Hearse. No. Va-12998

G 03380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80a

✓ G 03380 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Redwood 5th

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1317 Woodyear St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Samuel Burrell

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-14-1067

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	B	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/15/1906

8. AGE: Years	Months	Days	If less than one day: hr.	min.
36	4	2		

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Thomas Burrell

13. Birthplace Va

MOTHER

14. Maiden Name Merchell Brown

15. Birthplace Va

16 (a) Informant Mary Burrell

(b) Address 1317 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Md

18 (a) Funeral director Geo. H. Kelso

(b) Address 1303 Pressman

19 APR 19 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943 at 3:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1943 to 4/17 1943 and that I last saw him alive on 4/17 1943.

Immediate cause of death Brain abscess — Duration 5

Due to Prob. from liver abscess, or lung abscess — Duration 4 5 mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Nature of injury

23. Signature E. L. Seigman, M.D.

Address University Hosp. Date signed 4/17/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

G 03381

AB-80696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

✓ G 03381 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fred Archey

3 (b) If veteran, name war

3 (c) Social Security Account No. 505-09-1926

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Elenor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15-1892

8. AGE: Years	Months	Days	If less than one day
50	10	1	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clinton Archey
13. Birthplace S.C.

MOTHER
14. Maiden Name Lula Cannon
15. Birthplace S.C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County Md.

18 (a) Funeral director Adolphus Hall Sad
(b) Address 918 Druid Hill Ave.

19 (a) APR 19 1943 (Actually signed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16-43 19 , at 9 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1-1943 , to 4-16-1943 , and that I last saw him alive on 4-16 1943.

Immediate cause of death	Duration
Uraemia	1 wk.
Due to Hypertension c-v-d	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Ross M.D.
Address B.C.H. Date signed 4-16-43

VS 150

Please write plainly. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

G 03382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

G 03382 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Greene Sts

(c) Hospital or institution: University Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city limits, write RURAL and give town)

(d) Street No. 507 W Preston St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) ✓

If yes, name country

3 (a) FULL NAME Harry Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER

12. Name Pete Miller

13. Birthplace Md.

MOTHER

14. Maiden Name Jane Taylor

15. Birthplace Md.

16 (a) Informant Mc Daniel Miller

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel County Md.

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) [redacted] (b)

APR 20 1943

VS 154 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1943, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1943, to 4-16 1943, and that I last saw h[illegible] alive on 4-16 19 43.

Immediate cause of death Rupture of Aneurysm at base of aorta into pulmonary artery and Pericardium

Due to Syphilis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.

Address Community Hospital Date signed 4-16-43

Attending Physician

Williams, M.D.

Coroner

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. G 03383

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 W Franklin st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife Geo
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 11-15-1904

8. AGE: Years	Months	Days	If less than one day
39	5	2	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name James Green
13. Birthplace Va

MOTHER
14. Maiden Name Annie Wilson
15. Birthplace Md

16 (a) Informant George Smith
(b) Address 1201 W. Franklin st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem Cem
Location Balto County Md

18 (a) Funeral director Milligan & Jackson
(b) Address 916 Pennsylvania ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 17 1943 at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 12 1943 to Apr. 17 1943 and that I last saw him alive on Apr. 12 1943.

Immediate cause of death Uremia — Duration 2 days
Due to Acute Nephritis — 2 weeks
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rectors Jr. M.D.
Address 426 N. Johns Pk Date signed 4/17/43

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G 03384

G 03384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 746 Waesche St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 746 Waesche St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon Sample

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Col.	married

6 (b) Name of husband or wife Mary Sample
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1881

8. AGE: Years	Months	Days	If less than one day
61 62	5		hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Ella ?
15. Birthplace Md

16 (a) Informant Mary Sample
(b) Address 746 Waesche St.

17 (a) Burial (b) Date thereof Apr. 19, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Md. Calvary
Location Anne Arundel County Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 APR 19 1943 (b) Baltimore Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15, 1943 at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943 to April 15 1943 and that I last saw h — alive on April 14 1943

Immediate cause of death
Cerebral Hemorrhage — Duration 2 days
Due to Arteriosclerosis — Duration 10 yrs
Due to Diabetes Mellitus — Duration 2 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 519 N Carrollton Date signed 4/19/43 M.D.

VS 150

G 03385 HEALTH DEPARTMENT—CITY OF BALTIMORE G 03385

CERTIFICATE OF DEATH 10 ✓94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5122 Craig St., Ward) 27-10

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isobel Rowney

If U. S. Veteran specify WAR .....

(a) Residence: No. 5122 Craig St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Rowney

6. DATE OF BIRTH (month, day, year) Dec. 8, [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 54	4	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Wainwright

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. James B. Rowney
(Address) 5122 Craig Ave., Bo[illegible]

18. BURIAL, CREMATION, OR REMOVAL
No. [illegible] East End Mem. Co. 4/21/43

19. UNDERTAKER John A. McMann
(Address) 3000 E. Balto. St.

20. FILED ..... 19 .....
Registrar

APR 19 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hugh B. McNally M. D.
Coroner

(Address) 700 Fleet St.

(OVER)

V 86

G 03386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

G 03386 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 Parkesley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Parkesley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred M. Shafer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Widowed

6 (b) Name of husband or wife Mary C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1857

8. AGE: Years	Months	Days	If less than one day
85	9	8	hr. min.

9. Birthplace Chambersburg, Pa.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Jacob Shafer
13. Birthplace Penna

MOTHER
14. Maiden Name Mary Reed
15. Birthplace Penna

16 (a) Informant Jacob Shafer
(b) Address 1019 Parkesley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Cemetery
Location Chambersburg, Pa.

18 (a) Funeral director Wm. Bob Jones
(b) Address 1217 St Paul

19 APR 19 1943 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1943 at 6 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to April 14 1943 and that I last saw h[illegible] alive on 19

Immediate cause of death: Uremia myocarditis — Duration

Due to

Due to

Other Conditions Ca Kid cancer (origin - 4 yrs
atid gran right & suprarenal region)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen
Address 206 S Gilmor St Date signed Apr 19 1943 M. D.

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 100

G 03387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 03387

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2701 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 80 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Sachs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Leon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 86 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Unkown
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Mrs Rose Kraut
(b) Address 2701 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

APR 19 1943
(Date rec'd by registrar) Huntington Williams

VS 150

MEDICAL CERTIFICATION

12.46

20. DATE OF DEATH April 19, 1943 at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1943 to 4/19 1943, and that I last saw her alive on 4/19 1943

Immediate cause of death Cerebral Hemorrhage

Duration 5 Days

Due to Hypertension Chronic Nephritis

Due to Senile Degeneration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Levinson M. D.

Address 1111 See N Date signed 4/19/43

Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

03388

HEALTH DEPARTMENT—CITY OF BALTIMORE

03388

CERTIFICATE OF DEATH 1642

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HERBERT LAWSON JONES

If U. S. Veteran specify WAR

(a) Residence: No. 1416 Hanover St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Catherine Jones

6. DATE OF BIRTH (month, day, year) Mar. 10, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crochins Md.

FATHER

13. NAME Hubert Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rosa Abbott

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Agnes Jones

(Address) 1416 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Apr. 19, 1943

19. UNDERTAKER Fred. A. Krause & Son

(Address) 1216 S. Charles St.

APR 18 1943 Hattie [illegible] Registrar.

OCCUPATION is very important. See instructions on BACK OF CERTIFICATE.

V 98

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5:30 P.M. April 15, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation - hanging	

Other contributory causes of importance: No

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4-15, 1943

Where did injury occur? Own address (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury hanging

Nature of injury Rope

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Wollenweber, M. D.

(Address) Bay Medical Group

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 03389 — CERTIFICATE OF DEATH — 170 C — G 03389

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Ward) 4 Day — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME THORNTON Adolph HUNT — If U. S. Veteran specify WAR

(a) Residence: No. 1119 Bunbury Way St., 26 Ward. S.S. 230-05-1783

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Sept. 23, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. md D.D. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke, Va.

FATHER

13. NAME Thornton A. Hunt

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maggie Bond

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Marion Shelton

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Roanoke, Va. Date 4/19/ 1943

19. UNDERTAKER C. D. Fanning & Son

(Address) 1936 E. Lafayette Ave.

20. FILED APR 19 1943 ... 19 ... Huntington Williams Supervisor

V 56

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 4-16 19 43

Where did injury occur? Patapsco & Pennington Aves. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Smelter plant

Manner of injury Collision of auto car & pole

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) H. L. Wallenmeier M. D. Coroner

(Address) Acting Medical Examiner

Hoeck

03390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03390
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 E Susquehanna Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Hoeck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John J. Hoeck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 - 1898

8. AGE: Years 44 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Valentine Schoenig
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Ann —
15. Birthplace Balto Md

16 (a) Informant John J. Hoeck
(b) Address Towson, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location Balto Md

18 (a) Funeral director Leonard J. Rush
(b) Address 5305 Harford Rd

19 (a) 4/19/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1943 at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4 1943 to 4/19 1943 and that I last saw h alive on 19 .

Immediate cause of death (a) Cirrhosis of liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Hemorrhoids

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H. Cannis M. D.
Address St. Agnes' Hosp. Date signed 4/19/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 188

G 03391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 Registered No. G 03391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 E. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 941 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E. Fraunhaly

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John M. Fraunhaly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 28, 1860

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82 yrs	8	21		

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Home Work
11. Industry or business: Home

FATHER
12. Name: John Parr
13. Birthplace: Germany

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Germany

16 (a) Informant: Miss Lillie M. Fraunhaly
(b) Address: 1809 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 26 1943 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: 4430 Belair Road

18 (a) Funeral director: Elmer W. Conklin & Son
(b) Address: 924 E. Layer St.

APR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1943, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1943 to Apr. 19 1943, and that I last saw h alive on Apr 18 1943

Immediate cause of death	Duration
Bronchial Pneumonia	3 days.
Due to	
Due to Fracture Left Hip	4 Mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: March 24 1943 ?
(c) Where did injury occur? 941 E. Chase Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? 941 E. Chase St Home (Specify type of place) While at work? no
(e) Means of injury: Slipped and fell on floor

23. Signature: C. N. Meyer M.D.
Address: 1500 E 32 St
Date signed: 4/19/43.

For O.R.L. Graham
Howard J. Malone, M. D.

VS 4

G 03392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 558 W Hoffman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 558 W Hoffman St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Robert Ellis

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 46 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Petersburg Va. (Town, county, and State)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Robert Scott
13. Birthplace Petersburg Va

MOTHER
14. Maiden Name Rora Harris
15. Birthplace Lynchburg Va.

16 (a) Informant Mother Pearson
(b) Address 1631 Mad. Ave

17 (a) Burial (b) Date thereof 4-21-43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto. County Md.

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1943. at 3:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1943. to 4-19 1943. and that I last saw h[illegible] alive on 4-17 1943.

Immediate cause of death Hypertension
Cardio Vascular
Disease — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 554 Dolphin St Date signed 4-19-43

Correct age if especially important. Physicians please write out cause of death clearly and legibly.

VS 8

G 03393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117 R

Registered No. G 03393

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution South Baltimore General Hospital
(d) Length of stay in hospital or inst. (if not a resident) 15 days
(e) Length of stay in Baltimore (yrs. if not a resident) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1936 Loretta Ave. (If rural free delivery)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Cager

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-7720

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Cora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-1890

8. AGE: Years 52 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland A.A. County (county, and state)

10. Usual Occupation Gardner

11. Industry or business

FATHER 12. Name James Cages.

13. Birthplace

MOTHER 14. Maiden Name Jane Grays

15. Birthplace

16 (a) Informant Calvin Cages

(b) Address 1936 Lauretta ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location A.A. County Md

18 (a) Funeral director William A. Jackson

(b) Address 916 Penna ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1943 at 9.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2-1943 to 4-17 1943, and that I last saw h[illegible] alive on 4-17 1943

Immediate cause of death Bleeding duodenal ulcer a

Due to

Due to

Other Conditions Anaemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: 2 duodenal ulcers

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mongaraco M. D.

Address 1213 Light Street Date signed 4-18-43

VS 180

4 03394 HEALTH DEPARTMENT—CITY OF BALTIMORE 6 03394

CERTIFICATE OF DEATH ✓170C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 7 East Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME ORTHO CASTER

If U. S. Veteran specify WAR _____

(a) Residence: No. 1639 Hanson St. Ward 14 S.S. 217-18-5505

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Ida Caster

6. DATE OF BIRTH (month, day, year) June 1, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
32	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Va.

FATHER

13. NAME Spencer Benjaman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Juanita Crawford

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Ida Caster

(Address) 1319 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Arbutus Mem. Cem. Date 4-22 1943

19. UNDERTAKER William A. Jackson

(Address) 916 Pleasant Ave

FILED APR 10 1943 _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	

Other contributory causes of importance:

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury ___ 19___

Where did injury occur? Harrisonville, Balt Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Auto car turned over

Nature of injury contusion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) N. L. Wollenweber, M. D.

Coroner

(Address) Asst Medical Examiner

V 88

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

03395 432770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 03395

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 W Fayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Betty Lyall

3 (b) If veteran, name war

3 (c) Social Security account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-8-43

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Robert Lyall
13. Birthplace W Va.

MOTHER
14. Maiden Name Myrtle Nottingham
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory Location JOHNS HOPKINS MEDICAL SCHOOL APR 19 1943

18 (a) Funeral director Commissioner of Health
(b) Address
APR 19 1943
(Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1943 at 10 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr - 8 1943 to Apr 10 1943
and that I last saw her alive on Apr 10 1943

Immediate cause of death Prematurity — Duration 2 1/2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Demetrius S. Fraggia M. D.
Address Johns Hopkins Hospital Date signed 4/14

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10005

03396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03396 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) 2days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County St. Mary's
(c) City or town Mechanicsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1943

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: John Gray
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Sadie Lloyd
15. Birthplace: Maryland

16 (a) Informant: Hospital Records
(b) Address: Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 19 1943

18 (a) Funeral director: Commissioner of Health
(b) Address

APR 19 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 12, 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10, 1943, to April 12 43, and that I last saw him alive on April 12, 1943.

Immediate cause of death: Septicemia — Duration: 2 days

Due to: Staphylococcus Infection

Due to:

Other Conditions: Pregnancy, 9 months

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: Septicemia; adrenal hemorrhages

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Philip P. Stapleton Jr. M.D.
Address: Johns Hopkins Hospital Date signed: Apr 16 43

VS 2

0004

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

03397

G 03397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Greene St.

(c) Hospital or institution: University

(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 34 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto. City

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 634 W. Mulberry St

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Henry Thompson Russell, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 5, 1943

8. AGE: Years	Months	Days	If less than one day
	1	4 3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Henry Thompson Russell

13. Birthplace Columbia, S.C.

MOTHER

14. Maiden Name Pauline Osborne

15. Birthplace Rembert, S.C.

16 (a) Informant Mother

(b) Address 634 W Mulberry St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL APR 19 1943

18 (a) Funeral director Commissioner of Health

(b) Address

APR 19 19 (Date received by Registrar) (Signature) Huntington Williams, M.D. Registrar

0006

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 19 43 at ? M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to 19 .

and that I last saw h alive on 19 .

Immediate cause of death Unknown

Due to (Dead on arrival at hospital)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation autopsy

Major findings of operation; Atelectasis bilateral; Thymic Hyperplasia

of autopsy Cerebral Edema

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. H. Bird M. D.

Address University Hosp Date signed 4-10-43

433070 G 03398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

540

G 03398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town S. ARLINGTON (If outside city or town limits write RURAL and give town)
(d) Street No. 4314 8th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harvey R Brasse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Div

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-24-01

8. AGE: Years	Months	Days	If less than one day
42	1	25	hr. min.

9. Birthplace D. C. (Town, county, and state)

10. Usual Occupation Sec

11. Industry or business AMER Electro Type

FATHER 12. Name John H Brasse

13. Birthplace N.Y.

MOTHER 14. Maiden Name Ida Robey

15. Birthplace VA

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Washington D.C. (Burial, cremation, or removal) (b) Date thereof April 19 1943 (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director The S H Harris Co

(b) Address 2901-14 St N.W. Wash

19 (a) APR 19 1943 (Date received by local registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 19 1943, at 12.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from APR 14 1943 to APR 19 1943 and that I last saw h I Malive on APR 19 1943.

Immediate cause of death: Brain Tumor - Glioma — Duration 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 15, 1943

Major findings of operations: Brain Tumor

of autopsy: Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J W Kernan M.D.
Address 1 - 66 - 14 Date signed 4/19/43

G 03399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 a

G 03399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Gore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1943

8. AGE: Years	Months	Days	If less than one day: hr.	min.
		1		

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Theodus Gore
13. Birthplace Chester Co. S. C.

MOTHER 14. Maiden Name Viola Crank
15. Birthplace Chester Co. S. C.

16 (a) Informant Theodus Gore
(b) Address 1525 Edmondson Ave

17 (a) Buried (burial, cremation, or removal) (b) Date thereof April 19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St

19 (a) [illegible] Kate R. Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17 1943, at 4:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death: Congenital Intracranial Hemorrhage. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McKelly M.D. Medical Examiner

Date signed 4/18/43

G 03400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

158 Registered No. G 03400

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Pierce St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-11-43

8. AGE: Years	Months	Days	If less than one day
	1	6	hr min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Eugene Parham
13. Birthplace Durham, N.C.

MOTHER
14. Maiden Name Bernice Williams
15. Birthplace Baltimore, Md.

16 (a) Informant Bernice Williams
(b) Address 808 Pierce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Wm. Katz Williams
(b) Address 322 E. Lafayette Ave.

APR 19 1943 (b)
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943 at 10:00 P M

21. I certify that death occurred on the date above stated, that I attended deceased from April 11 1943 to April 17 1943, and that I last saw him alive on April 17 1943

Immediate cause of death: Malnutrition — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. H. Benfield M. D.
Address Provident Hospital Date signed 4-19-43

VS 180

G 03401 15591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03401 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Yrs. 7 Mos., 7days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Blades

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1864

8. AGE: Years	Months	Days	If less than one day
78	6	21	hr. min.

9. Birthplace Marland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Blades
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Gutton
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April 20/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location O Donnell St

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2041 Orleans St

19 (Date rec'd by registrar) APR 19 1943 Huntington Ave Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16-43 19 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1-33 1933 to 4-16 1943 and that I last saw him alive on 4-16 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to Hypertensive C-V-D ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Cross M. D.
Address B.C.H. Date signed 4-17-43

G 03402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46F

G 03402 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5613 Hilltop Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 W
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5613 Hilltop (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George H Weikert

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-01-5447

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Weikert

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept 7 1890

8. AGE: Years 52 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Constructor

11. Industry or business Carp Builder

FATHER
12. Name Henry H Weikert
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Rosa
15. Birthplace Germany

16 (a) Informant Mrs Anna Weikert
(b) Address 5613 Hilltop Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road Balto

18 (a) Funeral director Ulman Funeral Home
(b) Address 2008 Orleans St

APR 19 1943 (b) (Date rec'd by registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943 at 12 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-24 1942 to 4-17 1943, and that I last saw h[illegible] alive on 4/17 1943.

Immediate cause of death Pneumonia of Lower

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work (Specify type of place)
(e) Means of injury

23. Signature A. Frankel M. D.

Address 1123 St Paul Date signed

G 03403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1310

G 03403 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 Riverside Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Rockstein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Lee Rockstein
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 2/2/1869

8. AGE: Years	Months	Days	If less than one day
74	2	14	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Adam Schoenfeld
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Trautmann
15. Birthplace Germany

16 (a) Informant Lee Rockstein
(b) Address 1013 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 20/43 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Balto

18 (a) Funeral director Wm J Frank Home
(b) Address 1300 E Oliver St

19 (a) APR 19 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 16th 1943 at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1942 to 4/16/ 1943. and that I last saw her alive on 4/16/ 1943..

Immediate cause of death: Chronic cardio vascular renal disease — Duration: ?

Due to

Due to

Other Conditions: General arteriosclerosis — Duration: ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Keiler M. D.
Address 1226 Hanover St Date signed 4/18/43

VS 3

C 03404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X C 03404
Registered No.
186a U. S. Army.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Clay Galloway

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/14/22

8. AGE: Years 20 | Months 7 | 0 | Days 3 | If less than one day hr. min.

9. Birthplace Portsmouth O
(Town, county, and state)

10. Usual Occupation ✓
11. Industry or business

FATHER
12. Name Nat Gunn
13. Birthplace ✓

MOTHER
14. Maiden Name Frances Howard
15. Birthplace Kentucky

16 (a) Informant Mrs Whitehurst
(b) Address Halabird Motor Base

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 4-19-43
(month) (day) (year)
(c) Cemetery or crematory
Location Portsmouth Ohio

18 (a) Funeral director Walter Brooks Buckley Inc
(b) Address 1922 N. North Ave

19 (a) APR 19 1943 Registrar
(b) Date received

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17- 1943 at 10:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Ruptured aorta — **Duration**

Due to

Due to

Other Conditions Hemopericardium, dislocation - fracture 1st cervical vertebra. Fracture of ribs
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 23/4
(b) Date of occurrence 4-17-43
(c) Where did injury occur? Mt Connor Joppa Road
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes
(Specify type of place)
(e) Means of injury Fell from farm wheel

23. **Signature** Howard J. Sanders M.D.
Medical Examiner

Date signed 4-18-43

G 03405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

G 03405
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Sept 25
(e) Length of stay in Baltimore (yrs., mos., or days) Sept 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Third St. Brooklyn
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelius Curran

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-6139

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1884

8. AGE: Years 58 | Months 6 | Days 20 | If less than one day: hr min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Bt's Steward.

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Cornelius
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Elizabeth
15. Birthplace Balto.

16 (a) Informant Margaret Curran
(b) Address 3612 Third St Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, 1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.
Location Balto.

18 (a) Funeral director C. Howard Evans
(b) Address 60 Chatsworth

APR 10 1943

19 (a) (Date rec'd by registrar) Awaiting for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943 at 6:01 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943 to April 18 1943 and that I last saw h im alive on April 18 1943

Immediate cause of death congestive heart failure — Duration 1 month

Due to Arteriosclerotic cardiovascular disease — Duration 10 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J A Degen M.D.

Address St Agnes Hosp Date signed April 19 1943

VS 160

G 03406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 03406 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3517 Fourth St Brooklyn
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Fourth St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Norma L. Lewis

3 (b) If veteran, name war — no
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1921

8. AGE: Years	Months	Days	If less than one day: hr.	min.
21	4	13	4	

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation not employed
11. Industry or business

FATHER
12. Name Hubert L Lewis
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Florence E. Straits
15. Birthplace York Pa

16 (a) Informant Mrs Hubert L Lewis
(b) Address York Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1943 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Pk
Location Co. Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1426 Lombard St

APR 19 1943 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1943 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21/1942 to 4/18/1943 and that I last saw h er alive on 4/18/1943

Immediate cause of death
Pulmonary tuberculosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

Duration ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Diebel
Address 1226 Hanover St Date signed 4/19/43

VS 180

G 03407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

G 03407 Registered No. 105672

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) 3
(d) Street No. 1218 W. Lombard st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elsie Beadenkopf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1922

8. AGE: Years	Months	Days	If less than one day
20	7	2	hr. min.

9. Birthplace Baltimore md (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name James F. Hardesty
13. Birthplace Glenburnie md

MOTHER
14. Maiden Name Mabel L. Burkhead
15. Birthplace Baltimore md

16 (a) Informant Benson F. Beadenkopf husband
(b) Address 1218 W. Lombard st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore md

18 (a) Funeral director Frederick Cole
(b) Address 1200 W. Lombard st.

19 (a) 1942 Date received by registrar (b) Registrar Williams, M.D.

APR 19 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1943, at 1 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 4/2 1943 to 4/11 1943, and that I last saw h[illegible] alive on 4/10 1943

Immediate cause of death Puerperal Bacterial endocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature [illegible] Hamburg M.D.
Address St. Agnes Hosp. Date signed 4/12/43

G 03408

G 03408 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Kloman St. Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 4d. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME ROSE ANN CALL

If U. S. Veteran specify WAR _____

(a) Residence: No. 2008 KLOMAN St. 25-3 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 17, 1942

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Weston, W Va.

FATHER

13. NAME Wm. D. Call

14. BIRTHPLACE (city or town) (State or country) Putnam Co, W Va.

MOTHER

15. MAIDEN NAME Christine Wyatt

16. BIRTHPLACE (city or town) (State or country) Sutton, W Va.

17. INFORMANT William D. Call
(Address) 2008 Kloman

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Date 4-22-1943

19. UNDERTAKER Frederick A. Cole
(Address) 1702 Lombard

_____ 19___ _____ Registrar.

20. FILED APR 19 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppuration from bed sores	

Other contributory causes of importance —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury ___, 19___

Where did injury occur? home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury fall down stairs

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) M. L. Wollenweber, M. D.

(Address) City Hospital Examiner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 03409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. G 03409

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3148 Ravenswood ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3148 Ravenswood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Estella Abery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles H. Abery Jr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 16. 1885

8. AGE: Years 58 | Months 2 | Days 0 2 | If less than one day: hr. min.

9. Birthplace: Balto. Md
(Town, county, and state)

10. Usual Occupation: H. W.

11. Industry or business: Own Home

FATHER
12. Name: Martin V. League
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Mary L. Wells
15. Birthplace: Balto. Md.

16 (a) Informant: Charles H. Abery Jr.
(b) Address: 3148 Ravenswood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 20/43. (month) (day) (year)

(c) Cemetery or crematory: Cedar Bluff
Location: Annapolis, Md.

18 (a) Funeral director: Harry H. Smith
(b) Address: 4101 Edmondson Ave

APR 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16/43. 19 . at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1940. to April 16 1943. and that I last saw h.. alive on April 16 1943.

Immediate cause of death: Pyonephritis Duration 5 yrs

Due to Infection Right Kidney Carcinoma, Bladder. Duration 3 yrs.

Due to Tumor on Bladder

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 6 - 1941

Major findings of operation: Pyonephritis Carcinoma Bladder.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Conrad Bioner M. D.

Address 2125 Maryland Ave Date signed 4/19/43

YS 188

G 03410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B Registered No. G 03410

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4815 Park Heights Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4815 Park Heights Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene P. Lafferty

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-9563

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elsie Lippy Lafferty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1882

8. AGE: Years	Months	Days	If less than one day
61	1	26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Freight Rep.
11. Industry or business Penna. Railroad

FATHER
12. Name George M. Lafferty
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Nettie Phetzer
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Elsie R. Lafferty
(b) Address 4815 Park Heights Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Maryland.

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 APR 20 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION Paid

20. DATE OF DEATH April 17, 1943, at 10.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1943 to Apr 17 1943 and that I last saw h~~im~~ alive on Apr 17 1943.

Immediate cause of death Angina Pectoris — Duration 2/28/43
Due to Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Bubert M. D.
Address 5005 Park Heights Ave Date signed 4/19/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

03411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 03411

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 N Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N Highland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Wilhelmine Block

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 02 1876

8. AGE: Years 66 | Months 7 | Days 7/30 | If less than one day ____ hr. ____ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name — Raddatz
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mrs Anna Coffee
(b) Address 900 Fort Mchenry Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 21/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Baltimore St

19 (a) Apr 20 1943 (b) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 18 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1943 to April 18 1943, and that I last saw him alive on April 18 1943.

Immediate cause of death: Coronary Thrombosis — Duration 2 days

Due to: Arteriosclerotic Cardiovascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel O. Wolfe M. D.
Address 1721 E North Ave Date signed 4-19-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

Registered No. G 03412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Sts.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6700 Reisterstown Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Bialek (Brown)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 21 | If less than one day: hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name Dorothy Nancy Bialek

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/42 (month) (day) (year)

(c) Cemetery or crematory Loyed Ft. Garth.
Location Pennsylvania Road

18 (a) Funeral director J. Joseph Lange

(b) Address 1211 Light St.

19 (a) APR 20 1942 Baltimore, Williamsport

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1942, at 5:9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1942 to 4-18 1942, and that I last saw h e r alive on 4-18 1942.

Immediate cause of death: congenital heart disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: Congen. Heart disease

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James M. Ceanos M. D.

Address St. Agnes' Hosp. Date signed 4/15/42

G 03413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03413 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — University Hosp
(b) Street address — Bellona Ave
(c) Hospital or institution — Lutherville, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md. (b) County — Baltimore
(c) City or town — Lutherville (If outside city, give town limits, write RURAL and give town)
(d) Street No. — Bellona Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME — ALICE PLOWDEN

3 (b) If veteran, name war

3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife — Isaac
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 12-6-1911

8. AGE: Years	Months	Days	If less than one day
31 32	4	12	hr. min.

9. Birthplace — Lutherville, Md. (Town, county, and state)
10. Usual Occupation — Housewife
11. Industry or business

FATHER
12. Name — Raven Colbert
13. Birthplace — Culpeper Co. Va.

MOTHER
14. Maiden Name — Matilda Williams
15. Birthplace — Amissville, Va.

16 (a) Informant — Rev. Isaac Plowden
(b) Address — Bellona Ave: Lutherville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-1943 (month) (day) (year)
(c) Cemetery or crematory — Pleasant Rest.
Location — Towson, Md.

18 (a) Funeral director — Mr. Lee A. Holland
(b) Address — 1631 Druid Hill Ave.

19 (a) APR 20 1943 (Deputy of the Registrar) Reading for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH — 4/17 19 43 at 2:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1943 to 4/17 1943 and that I last saw her alive on 19

Immediate cause of death	Duration
Intraventricular hemorrhage	
Due to Rupture of intracranial Aneurysm	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature — P K Thompson
Address — Union Protestant Date signed 4/17

VS 150

03414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

G 03414
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 S. High St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Guarino

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife late Rosina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28 1887

8. AGE: Years	Months	Days	If less than one day
56	1	21	hr. min.

9. Birthplace Campobasso Italy
(Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Saverio Guarino
13. Birthplace Italy

MOTHER
14. Maiden Name Luisa D'Antonio
15. Birthplace Italy

16 (a) Informant Anthony Guarino (Son)
(b) Address 207 S. High St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) 1082 N. Morley St.

APR 20 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943 at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 19__ to April 18 1943, and that I last saw h__ alive on April 8 19 43.

Immediate cause of death: Bronchio genic Carcinoma — Duration

Due to

Due to

Other Conditions Pyuria Incontinence of urine

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bronchogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Christian J. Rieckhoff

Address St. Joseph's Hosp Date signed 4/19/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45F

Registered No. G 03415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 120 days
(e) Length of stay in Baltimore (yrs., mos., or days) 120 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 583 Pacific St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANDREW THOMPSON

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1890

8. AGE: Years	Months	Days	If less than one day
52	10	25	- hr. min.

9. Birthplace Denmark ?
(Town, county, and state)
10. Usual Occupation Deck Officer
11. Industry or business Merchant Marine

FATHER
12. Name Skow Thompson
13. Birthplace Denmark

MOTHER
14. Maiden Name Christina Jensen
15. Birthplace Denmark

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-43 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Location

18 (a) Funeral director A. Reisen Slade
(b) Address 4907 York Road

19 (a) (b) Huntington Williams, M.D.
(Signature)

APR 24 1943

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH April 17, 1943, at 1:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18, 1942 to Apri. 17 1943, and that I last saw him alive on Apr. 17, 1943.

Immediate cause of death
Carcinoma of nasopharynx with metastases to cervical lymph nodes;
Due to
Gastric and duodenal ulcers with hemorrhage.

Duration
First noticed about 9/15/42

Other Conditions -

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -
(Specify type of place)
While at work?
(e) Means of injury -

23. Signature Hyman C. Bogan M.D.
Address Baltimore, Md. Date signed 4/19/43

MS-43291

G 03416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 03416 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Brown (Robert E. Brown)

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 216-05-5429

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widow

6 (b) Name of husband or wife: Blanche S. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 16, 1880

8. AGE: Years	Months	Days	If less than one day
63	3	2	hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Sheet Metal Worker
11. Industry or business: E. W. Schultz-Sheet Metal

FATHER
12. Name: unknown
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Mrs. Elizabeth Bloom
(b) Address: 1427 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

APR 20 1943

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18/43 19 . at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28/42 19 . to 4/18/43 19 .
and that I last saw h[illegible] alive on 4/18/43 19 .

Immediate cause of death: Arterio-Sclerotic Heart Disease — Duration
Due to
Due to: Pulmonary Emphysema
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Bauerman Jr. M.D.
Address Franklin Sq. Date signed 4/19/43

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 162B

G 03117 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Winchester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY C. AMENDT

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frederick W. Amend

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1860

8. AGE: Years 83 | Months 3 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry Leonhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Mary C. Rickeffe.
15. Birthplace Germany

16 (a) Informant Mrs. Harry Erdman
(b) Address 2904 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

APR 20 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19, 1943 at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 1942 to Apr. 19 1943. and that I last saw her alive on April 18 1943.

Immediate cause of death: Senility.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. D. Schmidt M. D.

Address 791 N. Kenwood Ave. Date signed 4/20/43

VS 180

G 03418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 03418 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 446 E. Whitridge
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 446 E. Whitridge (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES KIRCHNER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 214 - 01-7020

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Caroline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/28/1876

8. AGE: Years	Months	Days	If less than one day
67	0	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business C. D. Kenny Co.

FATHER
12. Name Christopher Kirchner
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. Charles H. Kirchner
(b) Address 300 Murdock Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 20 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 17 1943 at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17th 1943 to Apr. 17th 1943. and that I last saw h im alive on April 17th. 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: about 3yr

Due to ———

Due to ———

Other Conditions ———

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. W. Montgomery M.D.
Address 401 E. 25th. St. Date signed 4/19/43

G 03419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 03419

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 Kentucky Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Kentucky Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT S. McLAUGHLIN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	married

6 (b) Name of husband or wife Kate McLaughlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1860

8. AGE: Years	Months	Days	If less than one day
82	7	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Accountant
11. Industry or business

FATHER
12. Name William McLaughlin
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary --
15. Birthplace Maryland

16 (a) Informant Mr. William G. McLaughlin
(b) Address 2204 Kentucky Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 20 1943 (b) (Below Not to be filled in by registrar) Registrar

VS 200

MEDICAL CERTIFICATION PM

20. DATE OF DEATH Apr. 17, 1943, at 10:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5-1943 to 4-17-1943, and that I last saw him alive on 4-16-1943

Immediate cause of death: Angina Pectoris
Coronary occlusion
Due to Arteriosclerotic Cardio-renal disease

Duration: 3 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Lyhert M. D.
Address 2807 Harford Rd Date signed 4-19-43

Huntington Station, Md.

G 03420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G 03420

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4611 Northwood Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4611 Northwood Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRIETTA L. WOLFE

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Charles L. Wolfe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/13/1861

8. AGE: Years 82 | Months 0 | Days 5 | If less than one day: hr. min.

9. Birthplace Frostburg, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles L. Wolf
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Franke
15. Birthplace Germany

16 (a) Informant Mrs. Henrietta G. Fallin
(b) Address 4611 Northwood Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 18, 1943, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8, 1943 to April 18 1943, and that I last saw her alive on April 17 1943

Immediate cause of death: Myocardial Insufficiency. — Duration

Due to

Due to

Other Conditions Arterio-Sclerosis.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frederick S. Orem, M.D.
Address 2827 N. Calvert St Date signed 4/19/43

G 03421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54B

G 03421
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2261 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2261 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James L. Hancock

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Myrtle Poston
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1910

8. AGE: Years	Months	Days	If less than one day
33	3	9	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Special Police
11. Industry or business

FATHER
12. Name Addison F. Hancock
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E. Murphy
15. Birthplace Maryland

16 (a) Informant Mr Addison F. Hancock
(b) Address 2261 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Conway Son
(b) Address 961 Hollins St.

19 (a) (Date received) APR 20 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943 at 6:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 42 to April 19 43, and that I last saw him alive on April 16 19 43.

Immediate cause of death: Brain Tumor - Malignant — Duration: 1 yr

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation Dec, 1942
Major findings of operation: Malignant Brain Tumor
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature C. J. Tobriansky M.D.
Address 5017 Dunmanway Rd Date signed 4/21/43 M. D.

G 03422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 03422 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Madison Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Richard Macer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Eliz Beck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1868

8. AGE: Years	Months	Days	If less than one day
75	-	18	hr. min.

9. Birthplace Dorchester County Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Lethan J. Macer
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah E. Marine
15. Birthplace Md.

16 (a) Informant Golden C. Macer
(b) Address 2222 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Arbutus Md.

18 (a) Funeral director Mrs. Zorah Bayonne
(b) Address 1129 N. Caroline St.

19 (a) APR 20 1943 Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1943 at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2- 1942 to 4-18- 1943. and that I last saw h alive on 4-17 1943.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Chronic Cardio-vascular, renal disease — 3 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. S. Campes M. D.
Address 639 N. Carey St Date signed 4-19-43

G 03423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03423

Registered No. 6053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eman & Redwood Sts.
(c) Hospital or institution: Univ. Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Eman St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Frederick Young

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-6058A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Jeanne Young

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1 - 1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	3	19		

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Stone Mason
11. Industry or business

FATHER
12. Name Geo. Young
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Offelman
15. Birthplace Unknown

16 (a) Informant Mrs Jennie Young
(b) Address 1711 Eman st

17 (a) Burial (b) Date thereof 4/21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Baltimore

18 (a) Funeral director Philip Herring Doe
(b) Address 2824 Orleans st.

19 (a) APR 22 1943
(Date rec'd by registrar)
Huntington Williams, M.D.
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1943 at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Uraemia

Due to Prostatic Hypertrophy Multiple abscesses Kidney

Due to (a)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Prostatectomy Hypertrophy

of autopsy Abscessed Kidneys

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Lentz M. D.
Address University Hospital Date signed 4-19-43

G 03424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 E. 29th st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 E. 29th st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Doettlaff

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Frederick Doettlaff

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Aug 3 - 1865

8. AGE: Years 77 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant August Doettlaff
(b) Address 3623 E. Fayette st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 21 43 (month) (day) (year)
(c) Cemetery or crematory St. Paul's
Location Baltimore

18 (a) Funeral director Philip Fenning Son
(b) Address 2024 Orleans st

19 (a) APR 23 1943 (Date received by registrar) (b) Huntington Mills Maryland

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943 at 10 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1943 to Apr 18 1943, and that I last saw h alive on Apr 1 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days

Due to

Due to Arteriosclerosis — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C W Megee Jr

Address 15 W E 33rd st Date signed 4/19/43 D.

G 03425 4303 04

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03425
CERTIFICATE OF DEATH 122 B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSP. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country WD

3 (a) FULL NAME Lillian Thomas
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-10-9027
4. Sex Female
5. Color or race Black
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Cecil
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-8-88
8. AGE: Years 53 Months - Days 9 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation MAID
11. Industry or business
FATHER 12. Name Isaac Hopkins
13. Birthplace Md
MOTHER 14. Maiden Name Eliz Mahitt
15. Birthplace Md
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 20 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Baltimore, Md
18 (a) Funeral director Charles G. Cofer
(b) Address 1 W. Calhoun St.
19 (a) APR 20 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH Apr 17 1943 at 555 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1943 to Apr 17 1943, and that I last saw he alive on Apr 17 1943.

Immediate cause of death — Duration
Congestion Heart Failure
following resection of gangrenous 2 wks.
Due to Gangrene of small intestine
Due to Coronary Heart Disease

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3/10/43 - 3/20/43
Major findings of operations: Volvulus of small intestine
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. H. H.
Address J. H. H. Date signed 4/17/43 M. D.

VS 100

03426 G 03426

BALTIMORE CITY HEALTH DEPARTMENT

MJ-80807 **CERTIFICATE OF DEATH** 52B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Booth

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Victoria Booth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1882

8. AGE: Years 61 | Months 1 | Days 23 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Booth
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22-43 (month) (day) (year)
(c) Cemetery or crematory M. Zion
Location

18 (a) Funeral director Sam'l M. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18-1943 at 8:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6-1943 to 4-18-1943 and that I last saw him alive on 4-18-1943.

Immediate cause of death: Arteriosclerotic heart disease — Duration: yrs
Due to generalized arteriosclerosis — yrs
Due to Carcinoma of bladder with metastasis — 1 yr
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: none allowed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schneider M. D.
Address Balto City Hosp Date signed 4-19-43

VS 180

G 03427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 03427 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3005 Elm Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Elm Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma E. Howard.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow.

6 (b) Name of husband or wife: James A. Howard.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1868

8. AGE: Years 75 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name Wm. Evans.
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Trott.
15. Birthplace Md.

16 (a) Informant Loretta Howard.
(b) Address 3005 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20/43 (month) (day) (year)
(c) Cemetery or crematory Poplar.
Location Balto Co. Md.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Edmondson Ave.

19 (a) (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) APR 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1943, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943 to April 17 1943 and that I last saw her alive on April 16, 1943.

Immediate cause of death: Chronic Myocarditis — Duration 1 yr.
Due to Uterine Cancer Carcinomatosis Renal Disease
Due to
Other Conditions Chronic Arthritis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Hill Jr.
Address 1331 E. North Ave Date signed 4-19-43

G 03428 MP-80120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 03428 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3363 Chestnut Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard McCleary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Mae McCleary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1872

8. AGE: Years	Months	Days	If less than one day
70	10	11	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Druggists
11. Industry or business

FATHER
12. Name Henry McCleary (D)
13. Birthplace ?

MOTHER
14. Maiden Name Mary Tryna
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof April 22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Reinoehl & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) APR 20 1943 Huntington Hill Registrar
(Date rec'd by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1943, at 6:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1943 to 4-19 1943, and that I last saw h alive on 4-19 1943.

Immediate cause of death Bronchopneumonia — Duration 2-4 days
Due to Sen. arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature K. K. Rathbun M. D.
Address Balto. City Hosp Date signed 4-19-43

G 03429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

G 03429 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Argonne Drive
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Charles Kumberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Sophia M. Kumberger
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec-9-1886

8. AGE: Years	Months	Days	If less than one day
56	4	10	hr. min.

9. Birthplace Baltimore, Maryland (town, county, and state)
10. Usual Occupation Purchasing Agent
11. Industry or business

FATHER
12. Name Otto W Kumberger
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Heck
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Sophia M. Kumberger
(b) Address 902 Argonne Drive, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22 43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108-W. North Ave. City.

19 (a) (Date received) APR 20 1943 Registrar, Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943 at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1943 to April 19 1943, and that I last saw him alive on April 19 1943 4:20 PM

Immediate cause of death: Cerebro-vascular Accident — Duration: 7 hrs

Due to: Hypertensive Cardiovascular Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard
Address Union Memorial Hosp. Date signed 4/19/43 M. D.

G 03430 ✓ G 03430

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 50 N. Caroline
(If rural give location)
(e) Citizen of foreign country? — ? — (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Thomas Lee (TOM LEE)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: Chinese
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie Lee
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 5 1874

8. AGE: Years 68 | Months 11 | Days 14 | If less than one day: ____ hr. ____ min.

9. Birthplace China (Town, county, and state)
10. Usual Occupation Manager of Restaurant
11. Industry or business

FATHER
12. Name Lee ?
13. Birthplace China

MOTHER
14. Maiden Name Rosie Ing
15. Birthplace China

16 (a) Informant Mrs Annie Lee
(b) Address 50 N. Caroline st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Sherwood Memorial Co.
(b) Address 1401 Mt Lexington

19 (a) APR 20 1943 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943, at 4:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1943 to April 19 1943, and that I last saw alive on April 4 1943.

Immediate cause of death: Carcinoma of Stomach with Metastases — Duration: ? ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Luther Jr M. D.
Address Church Home & Hosp. Date signed 4-17-43

VS 2

FOR WHITE PERSONS, WITH CAUTION AND ATTENTION TO THE ENTRIES, ESPECIALLY THE CORRECT AGE IS especially important. Physicians: please write the causes of death clearly and legibly.

G 03432 G 03431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 S Kenwood ave
(c) Hospital or institution: home -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) 50 y -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 S Kenwood ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Bunk (or Buck)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: W.
6 (a) Single, married, widowed or divorced: Married
6 (b) Name of husband or wife: Frances -
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1869
8. AGE: Years 74 — Months — Days — If less than one day: hr. min.
9. Birthplace: Poland
(Town, county and state)
10. Usual Occupation: Bricklayer
11. Industry or business

FATHER
12. Name: Francizek Bunk
13. Birthplace: Poland

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Frances Bunk - Buck
(b) Address: 505 S Kenwood ave
17 (a) B- (Burial, cremation, or removal) (b) Date thereof 4-21-43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd.
18 (a) Funeral director: John J Ruda
(b) Address: 2869 Gilmor st
19 (a) APR 20 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1943, at 4:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from 4/17 1943 to 4/19 1943, and that I last saw h[illegible] alive on 4/19/43

Immediate cause of death: Coronary occlusion — Duration: -

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Christopher J Kuntzmann M.D.
Address 5579 Eastern Ave. Date signed 4/19/43

VS 3

G 03432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G 03432 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 593 Gilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 593 Gilford Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Deal

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/5/62

8. AGE: Years	Months	Days	If less than one day
60	6		hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Knitter
11. Industry or business

MOTHER / FATHER
12. Name John Rosario
13. Birthplace Pa
14. Maiden Name Charlotte ?
15. Birthplace Pa

16 (a) Informant Mrs Charlotte Hopkins
(b) Address 593 Gilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director Maynard A. Reynolds
(b) Address 578 W. Biddle St

19 (a) [illegible] Hunting for Williams, M.D. Registrar
APR 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to April 23 1943 and that I last saw h alive April 21 1943

Immediate cause of death Cerebral hemorrhage Duration 3 hrs

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature H. Lee Blair M. D.
Address 5 W. Madison St Date signed 4/29/43

G 03433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 03433 Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Prestman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~Entire~~
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Prestman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roby Boswell

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-10-7685

4. Sex: male | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs Anna Mae Boswell

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Sept 7 1892

8. AGE: Years 50 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mrs Anna Mae Boswell
(b) Address 1424 Prestman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wes. A. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) APR 20 1943 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18-1943 at 5:28 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1943 to 4-18 1943 and that I last saw him alive on 4-18-1943.

Immediate cause of death: Cerebral hemorrhage — Duration: 6 days

Due to Arterio Sclerosis and hypertension — Duration: Long time unknown

Due to

Other Conditions Myocarditis — Duration: unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1297 N Stricker St Date signed 4-18-43

VS 2

G 03434

G 03434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 3a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 573 W Lafayette av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RU. 4L. and give town)
(d) Street No. 573 W Lafayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Nelson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Thomas Nelson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11 1892

8. AGE: Years 50 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Eugene Brickers
13. Birthplace Va

MOTHER
14. Maiden Name Annie ?
15. Birthplace Va

16 (a) Informant Thomas Nelson
(b) Address 573 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43 (month) (day) (year)

(c) Cemetery or crematory Arlington
Location Md

18 (a) Funeral director George A Kelsay
(b) Address 1303 Pennsylvania Ave

19 (a) APR 20 1943 Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943 at 2 P M

21. I certify that death occurred on the date above stated, that I attended deceased from April 13 1943 to April 17 1943 and that I last saw h[illegible] alive on April 17 1943

Immediate cause of death: (a) Acute Heart Failure — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 1302 Eutaw Pl Date signed 4/20/43

G 03435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830a

G 03435

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 N Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 1811 N Washington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor C Merkle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph L Merkle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 3, 1876

8. AGE: Years 67 | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace Carroll Co Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jas Troyer
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Edna Griffith
(b) Address 1811 N Washington St

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 4/21/43
(month) (day) (year)

(c) Cemetery or crematory Woodland Cem
Location Baltimore Co Md

18 (a) Funeral director Tillman & Lee
(b) Address 1217 E Fort Ave

19 (a) APR 20 1943
(Date rec'd by registrar)

Registrar

VS 330

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July - 1941 to April 19 1943 and that I last saw her alive on April 19 1943.

Immediate cause of death
Cerebral Hemorrhage — Duration 3 Days

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James F Kavanagh MD M. D.
Address 2324 McElderry St Date signed April 20 1943

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 7/15 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #00820 AND ENDING WITH #03435 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Loretta Byrne

END OF REEL